VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH CERTIFIC 1. PLACE OF DEATH e. COUNTY MARYLAN b. CITY OR TOWN (if gutside corporate limits, c. LENGTH OF STAY IN write RURAL and live nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 3. NAME OF First Middle DECEASED (Typa or print) WSOR 5. 7. MARRIED NEVER MARRIED

10a. USUAL OCCUPATION (Give kind of work

13. FATHER'S NAME

CERTIFICATION

MEDICAL

during most of working life, even if retired)

WAS DECEASED EVER IN U.S. ARMED FORCES?

18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]

DUE TO

DUE TO

Month, Day, Year

21. I certify that (I) (this hospital) attended the deceased fr

(b)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU

(Yes, no, or unkown) | (If yes give wer or dates of service)

PART I, DEATH WAS CAUSED BY:

Conditions, if any, which

gave rise to immediate cause

(a), steting the underlying

20c. TIME OF INJURY

22a. SIGNATE

Hour a.m.

p.m.

saw the deceased alive on...

23a BURIAL, CREMATION, 23b. DATE THEREOF

24 FUNERAL DIRECTOR'S SIGNATURE

200. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

IMMEDIATE CAUSE (a)

10b. KIND OF BUSINESS OR IND

RETIRED

16. SOCIAL SECURITY NO

cinoma

20b. DESCRIBE HOW INJURY OCC

While

et work

20d. INJURY OCCURRED | 20e

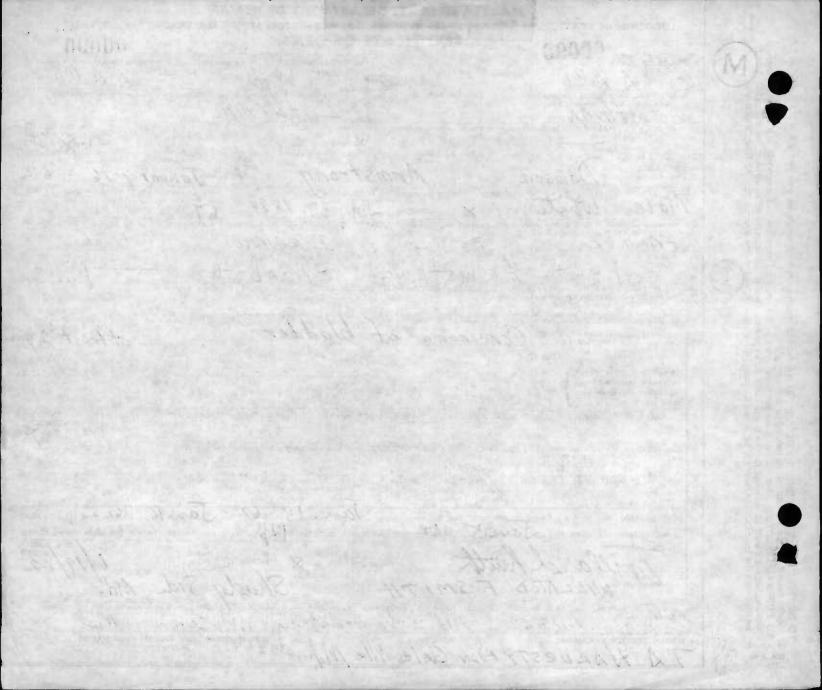
Not While

23c. NAME OF CEMET

at work

ERTIFICATE	OF DEATH			000	90
MARYLAND GTH OF STAY IN 1b	a. STATE c. CITY OR TOWN (outsida corporata I	b. COUNTY	AA	a before admission) O earast town)
e street eddress)	d. STREET ADDRESS	A DATE	Month	Dey	IS RESIDENCE ON A FARM? YES NO
Armsi	rong	OF DEATH	Tanual	19 16	19 6 2 IF UNDER 24 HRS. Hours Min.
DIVORCED UNDUSTRY 1	14 30, 18 1. DIRTHPLACE (COUNT I Re	y & Stete, or foreig	7 yes.	2. CITIZEN OF	WHAT COUNTRY?
STRONG 14.	E/12A	beth	Address		Mills
), (b), end (c).] oma of	bladde	-		ONS	erval Between Bet and Death
NG TO DEATH BUT NOT RE	LATED TO THE TERMIN	IAL DISEASE COND	ITION GIVEN IN		PERFORMED?
OW INJURY OCCURED. (En	ter neture of injury in P	and or Part II of ite	m 18.)		
While factory,	OF INJURY (Home, ferm street, office bldg., etc.			(County)	(State)
deceased from 19.6.7, and that de					at (I) (we) last te stated above.
M.D.		NED. ST	AFF YS.	1,	19/62
MITH	5,	hady.	Side,	Md'.	
AAME OF CEMETERY OR C	CREMATORY CHERTER	23d. LOCATION	210N	county)	(Stete)
GAles ville	May DATE AN	D BY REGISTRAR	25b. REGISTR	AR'S SIGNAL	URE
	/				

BALTIMORE 1 MARYLAND



leose exe	hould be	cremonion,	イニー
elay is necessary.	ol director. Pag	or prior brial,	
r deoth. If any d	nd 3 to the funero	1 2 with the regist	
rithin 24 hours ofte	Give Pages 1, 2, o	t. File pages 1 and	
uld be executed w	sencil in Item 18. long with form PM	virial-transit permit	
This certificate sha	rd 'pending' in particle o	uld be used as a t	
AL EX LINER:	chief medical Ex	TOR: Poge 3 sha	
TO DEPUTY MEDICA	cute the certified, with the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page hould be forwarded to Chief medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registror prior prior prior	or removos.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00091 MEDICAL EXAMINER	S CERTIFICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH A. A. CO . MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Compadia 2005	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) D. O. A. ANNE MELANCE, GEN.	1 d. STREET ADDRESS 702 Par weller Kord ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Signature of the print of the pri	hen fe /dek DATE Month Day Year OF DEATH 1962
5. SEX 6. COLOR OR RACE 7/ MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	B. DATE OF BIRTH Suly. 29-1912 9. AGE (In yours light ligh
10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired) Linutype Danata	11. MRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY: Crant Country was U-S-H-
13. FATHER'S NAME Scharliger.	Taura alice Idessel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service)	Address Annapolis MO
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (c)	INTERVAL DET NO DEATH ONSELAND DEATH
CATE	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTE:
	Enter nature af injury in Part I ar Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40c. PLA While Not while fact of wark of ot wark of the process of t	CE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (Stote) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abode death resulted from: Natural causes. Accident , Sui	ove, held an Autopsy [], Inspection [], Inquiry [], and find that icide [], Homicide [], Undetermined cause [].
SIGNATURE Menhalell	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) 22 DIMAN CREMATION 226 DATE THEREOE 22 NAME OF CENTERN OR	DEPUTY MEDICAL EXAMINER 1 1-1-6
220. BURIAL, CREMATION, REMOVAL (Specify) 1/4/62 22c. NAME OF CEMETERY OR 22c. NAME OF CEMETERY OR 22c. NAME OF CEMETERY OR	ill cerety petersburg w-Va-
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	24g/rec'd by registrar 24b. registrar's signature 24g/rec'd by registrar's continue 2. There's 24g/rec'd by registrar 24b. registrar's signature 24g/rec'd by registrar 24b. registrar's signature 24g/rec'd by registrar 24b. registrar's signature

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 11 1199. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATEMARY Land
b. COUNTY Anne Arundel ARUNDEL o. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town | VILLE LLERSUILLE d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS ON A FARM? 26- CRAIN HW Crain highway YES NO X NAME OF 4. DATE Middle Month OF DEATH ROSCOE LOUCKS AUGSBURY (Type or print) 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Male WIDOWED T DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA 13. FATHER'S NAME MARY ELIZ. LOUCKS (dec. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? M. AUGSBURY, (WIFE) SAME ADPRES 8-36-1616 OLIVE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o). DUE TO ERTE NS10N Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the under-OVERWEIGHT lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NONE YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY, OCCURRED (Stote) (County) foctory, sired office bldg., etc.) of work Tat work 21. I certify that I attended the deceased from. ____that I last saw the deceased _, and that death occurred at 15 Z _M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED RITCHIE HWY PHYSICIAN'S H.F. Manuzak NAME (Type) 22b. DATE THEREOF 220. SURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 1962

24a. REC'D BY REGISTRAR

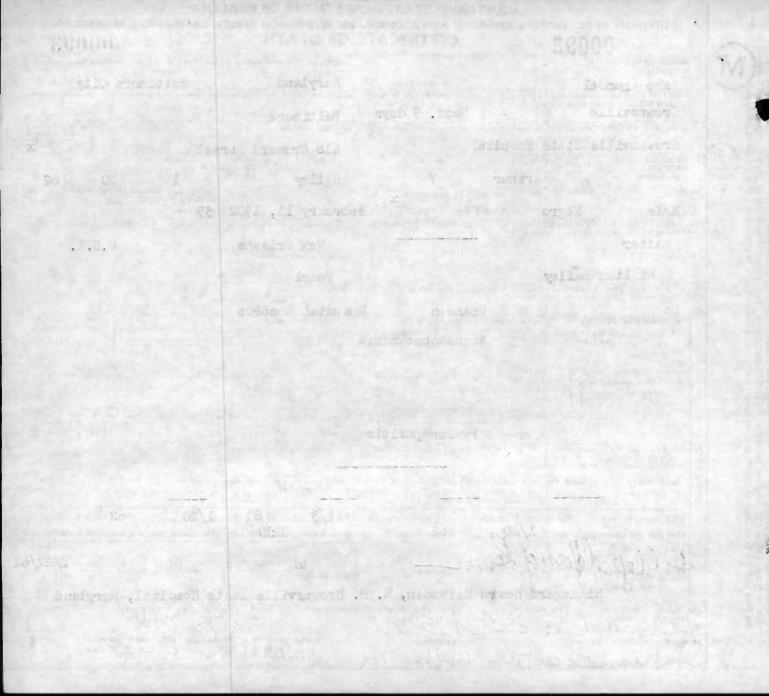
may be retained by the point of the control of the

23. FUNERAL DIRECTOR'S SIGNATURE

Stoller Dankling Search Co. H.	CERTIFICATE OF DEAT	Sea no
Isonica since	Profit Pril	
	rin minut	
1/3/	ZSUGRBUA ZSOCIEZ	anozon di Mi
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A20 A Fax Comment		
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Y ALTON	Martin Al Villago S	
	Contract with the	
	- 53 D 400 2 E V C V	
	And the second s	
	The Marin of the Little or one	
The State of the Association and the State of the State o		Market H.F. Menuzek

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00093 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Maryland Baltimore City Anne Arundel

b. CITY OR TOWN (if outside corporate limits, MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town)
Crownsville 8mos 9 days Balti more d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Crownsville State Hospital YES THO 416 Orchard Street paper in 72 h NAME OF Middle DATE Month Yeer DECEASED OF (Type or print) DEATH Arthur V 19 62 Bailey 20 and con carbon part, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR last birthday) Months Male WIDOWED DIVORCED | February 11, 1902 certificate 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Waiter U.S.A. New Orleans 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Bailey Pearl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) the hospital or attending physician. his certificate has been signed by the Unknown Hospital Records permit. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, (b) gave rise to immediate cause DUE TO the bur burial, (e), stating the underlying After this certificate has cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION as of PERFORMED? Pvelonephritis NO K 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH be retained by the corrections. After this should be detached for (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While Hour e.m. et work 21. I certify that (I) (this hospital) attended the deceased from 11/3...... 1/20 1962, that (I) (we) last 19 60, to.... 1962, and that death occured at 12104P from the causes and on the date stated above. saw the deceased alive X DIRECTOR PHYS. PHYS. page with th PHYSICIAL 22d. ADDRESS filed \ Hildegard Heard Reissman, M. D. Crownsville State Hospital, Maryland LOCATION (City, town or county) BURIAL, CREMATION, 236. DATE THEREOF NAME OF 0.43 EMOVAL (Specify) 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur S. Mises 15M 7/61

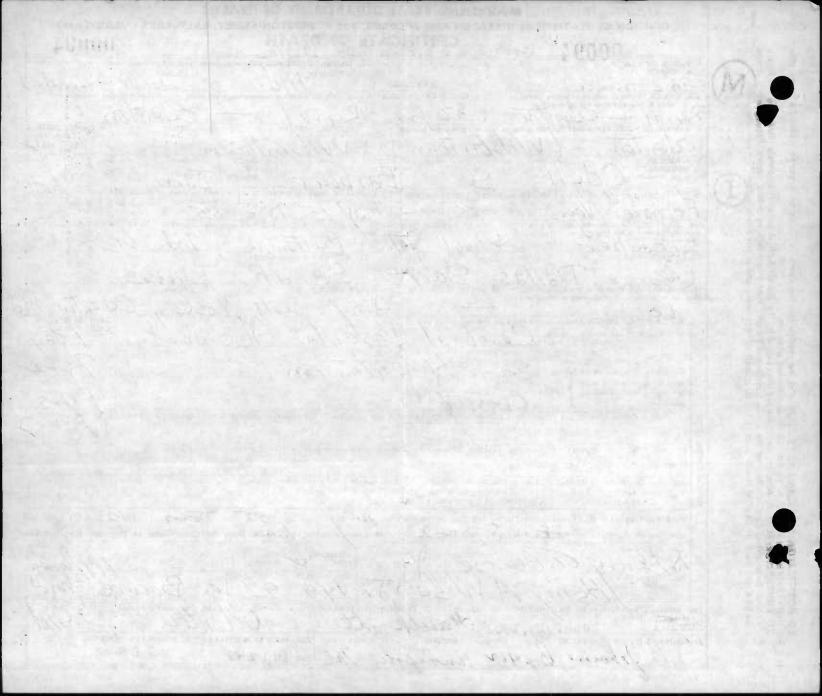


RESTON STREET. BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH A OF DEATH CERTIFICATE Items 1/17/62 b.Film G205 1. PLACE OF DEAT USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) COUNTY MARYLAND ne CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neares town d. NAME OF HOSPITAL OR INSTITUTION (if not in . IS RESIDENCE ON A FARM? YES NO papers. n 72 hor completely NAME OF DATE Month Day Year DECEASED OF (Type or print) DEATH 62 19 carbon nt, withi IF UNDER 24 HRS. SEX 6. COLOR OR RACE AGE (in years | if UNDER 1 YEAR 7. MARRIED NEVER MARRIED and last birthday) Months event, WIDOWED Z yrs. physician remove 10a. USUAL OCCUPATION (Giv kind of work 1Db. KIND OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) eache 13. FATHER'S NAME affending a. WAS DECEASED EVER IN U.S. ARMED FORCES? 0 1 16. SOCIAL SECURITY NO (Yes, no, or unknwn) | (If yes give war or detes of service) signed by the physician. INTERVAL BETWEEN ONSET AND SEATH CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e burial-transit DUE TO attending peen Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying has cause last. the buri hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY CERTIFICATION as of PERFORMED? NO use 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part t or Pert II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) defached Affer P 20e. PLACE OF INJURY (Home, farm, ' 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (State) Month, Dey, Yeer lectory, street, office bldg., etc.) While Not While Hour e.m. et work et work RECTOR: p.m 21. I certify that (I) (this hospital) attended the deceased from 1957, io......, 1962 that (I) (we) last saw the deceased alive on and that death occurred a CAM, from the causes and on the date stated above. DATE DIRECTOR death. Page A CO FUNERAL director, page S be filed with th M.D. PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type THEREOF NAME OF CEMETERY LOCATION 23a. BURIAL, CREMATION, 23b. DATE OR CREMATORY town or county REMOVAL (Specify) Burial Jan 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY ADDRESS VR A15 (4) Orlhun S. Thomas 15M 7/61

within

HOSPITA

OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

00095

00095

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1. PLACE OF DEATH o. COUNTY	Anne Aru	ndel	MARYLA		- CTATE	E (Where decease	b. COUNTY	AA	e befare adm	ission)
RURAL and give n	If outside corporate limi earest town)	ts, write	c. LENGTH OF STAY IN	116		N (If outside corporation)	orote limits, write f	URAL ond gi	ive nearest to	wn)
	TAL (If not in hospital, g		The same of the sa	Í	d. STREET ADDRE	Riversid	e Rd		ON	ESIDENCE A FARM?
3. NAME OF						4. DATE			-	V
DECEASED (Type or print)	Ja	nes	Middle E	В	arnes	OF DEATH			10	19 62
5. SEX M	6. COLOR OR RACE	7. MARR	_	-	5/22/88		9. AGE (In years last birthdoy) yrs.		Days Hour	
during mast af war	king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY				12. CITIZ	EN OF WHAT	COUNTRY
Groce	r		Retired	1,		vert Co.	MU			
13. FATHER'S NAME	illiam Barn	205			4. MOTHER'S MAI					
V	LILIAM Dari	169				lie Barn	es			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. INFOR	MANT		Add	Iress		
No					Family			Same		
	ATH {Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c) De	ge for (o), (b), and (c).]	his.					INTERVAL ONSET AN	BETWEEN ID DEATH
Conditions, if	any, which) (b	, ile	rec from	ella	Luca, Je	rizera	liki Hi	स्त्र ,		~
gove rise to couse (o), stoting lying couse lost.	the under- DUE TO	80	in lock rec	17070	se, Al	remat	General Co.	bly		?
PART II. OT	THE SIGNIFICANT CON	DITIONS	Your all	H BUT NO	related to the	TERMINAL DISEAS	SE CONDITION GI	Men IN PART	PER	S AUTOPSY FORMED?
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING CONTROL CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DE\$6	CRIBE HOW INJURY OCC	CURRED. (E	inter nature of inju	ury in Port I or Po	rt II of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	RY Manth, Day, Ye	While	NJURY OCCURRED 2 Nat white k at work		OF INJURY (Home , street, office bld		y ar tawn)	-10	ounty)	(Stote
) attend	led the deceased for			19,.ta_	9	~	2, that (I)	
saw the deced	ised alive an		IY_G C, and I	hat deal	h occurred at	W.L.M. fram	the causes a	nd an the		22b. DATE
Her	Shu	ru	de	M.D.	9	MED.	STAFF PHYS.			SIGNEL
22g. PHYSICIAN'S NAME (Type)	4 CB Sun	4-10	ners M	I.D.	22d. ADDRESS	Prefice !	200 /2	6		
23a. BURIAL, CREMATIC	ON, 236. DATE THEREC)F	23c. NAME OF CEMET	ERY OR C	REMATORY	23d. LOC/	TION (City, town,	or county)	(S	tote)
REMOVAL (Specify	7/72/6	2	Glen Hav	en Co	m -	Gl	en Burni	e. Md.		
24. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS	CII UE		REC'D BY REGIS		ISTRAR'S SIG	NATURE	
McCully F	uneral Home	s 130	E. Fort Av	re.	O MALE DA	TE JAN 12	'62 u	uhur S.	Thank	
					The state of the s					

of director, e filed with PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after of **D FUNERAL DIRECTEM:** After this certificate has been signed by the attending physician and completely filled in by the faques 3 should be detached for use as the buriol-transit permit. Then please remaye carban papers. Pages 1 and 2 shauthe State Board of Health priar to buriol, cremotian, or remayal, and in any event, within 72 hours after death. tol or attending physician. TO HOSPITAL OR A may be remained by VR A15 (4) 15M 9/59

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funeral 4 p death. Page 4 to be related by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages has be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event which in 72 hours after dept.

VR A15 (4) 15M 7/61 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0096
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased kivad, If Institution: Residence before admission)
Anne Arundel MARYLAND	Maryland Anne Arundel
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	V 03 D :
Millersville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
d. Think of the art the or transfer of the first it hospital, give sheet address)	ON A FARM?
Knollwood Manor	420 B and A. Blyd.
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year
(Type or print) ZE TYON LEMON BEALL JR	BEALL DEATH / 9 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M-3- 17-24-	May 8, 1887 lest birthday) Months Days Hours Min.
IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired) Retired Farmer Tabocco	Davidsonville, Maryland USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lemon Beall Sr.	Ann R. Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown) (Ifyesgivewerordetesofservice)	INTORINANI Address
no no 213 12 9417 Mrs	s. Lucy C. Beall Wife same as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	reveli Minuts.
LA \ \ \ DUE TO	
Constitution of the state of th	year.
gave rise to immediate cause	re se chem
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING TO DEATH III. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING TO DEATH OF CONTRIBUTING TO DE	D. (Enter nature of injury in Part I or Part II of ilem 18.)
	ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State)
Hour a.m. While Not While at work at work	story, streat, office bldg., etc.)
	9/19/ 06/ 18/70 10/11
21. certify that (I) (this hospital) attended the deceased from.	
saw the deceased alive on	t death occured at DM, from the causes and on the date stated above
228. SIGNATURE)	ATTENDING MED. STAFF SIGNED
y. Vineral	A.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIANY	22d. ADDRESS
NAME (Typo) G. CHUReH	121 CATHEDAIRZ (T ANNAPORT
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (State)
Burial Jan. 12.1962 All Hallows (Chapel Davidsonville Md.
Burial Jan. 12, 1962 All Hallows (A FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	JAN 1 5 '62 (7-70-0 6 46-40
Hopping Funeral Home Annapolis,	BALL MATE WHITE WE WAS A STATE OF THE PARTY

HEATERS . 2 ence peak with stells, distre once dark dates 7.57 Twocco Lari conville, March the Tellon Berth St. TOWN IN THE NEW 213 17 9417 Feb. Look .. 8 #12 *150 Euro En En E n i j ver en print to a serie de la compa ne letteren et tim THE STATE OF THE S colination farmal and colination

MARYLAND STATE DEPARTMENT OF HEALTH

Anne Arundel

U.S.

a. IS RESIDENCE ON A FARM? YES NO X

1962

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? KCK ON

22b. DATE

/26/62 NED

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1000	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare decaased lived, If institution: Residence before admission) a. STATE b. COUNTY
Anne Arundel	MARYLAND Maryland Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	TH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
Annapolis	day Annapolis, street address) d. STREET ADDRESS e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	d. SIKEEL ADDRESS e. IS RESIDENCE ON A FARM?
Anne Arundel General Hospital	35 Hicks Ave. YES □ NO 🔀
3. NAME OF DECEASED	Middle Last 4. DATE Month Day Yaar OF
(Typa or print) Salled	BLAKE DEATH January 7 1962
5. SEX 6. COLOR OR RACE 7. MARRED NEV	ER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Negro WIDOWED	DIVORCED January 6, 1962 lest birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working lifa, avan if retired)	ISINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oliver Franklin Randall	Katherine Delores Blake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S	
(Yas, no, or unkown) (Ifyesgivawarordatasofsarvice)	Hospital record Oliver Randall. 8 Bunca
1B. CAUSE OF DEATH (Enter only one cause per line for (a),	(b), and (c), i
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
7 7 (X DUE TO	
gava risa to Immadiata causa	4
(a), stating the undarlying DUE TO	an aluaili
causa last, (c)	on any
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HO' OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY O	CCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
Hour a.m. Whila Not	White factory, streat, office bldg., atc.)
21. I certify that (I) 20000000 attended the	deceased fromJan. 6,, 1962 toJan. 6,, 1962, that (I) (1992) last
	2.62., and that death occured at
22a, SIGNATURE	22b. DATE
() a stop Y/ or	7 ATTENDING MED. STAFF PHYS. 1/9/62 SIGNED
22c. PHYSICIAN'S	22d, ADDRESS
NAME (Type)	
Clayton Norton,	
23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. N.	AME OF CEMETERY OR CREMATORY 236. OCATION (City, town or county)
Dunal 1-12-1962 13	newer of the white
FUNERAL DIRECTOR'S SIGNATURE A	DORESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Milliam Reesett UN	DATE DATE 15 62 Cottlung 2. Trains
2063173020	

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Batharine stores of the

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On MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where decessed lived, If	institution: Residence before edmission
e. COUNTY	MARYLAND	a. STATE	b. COU	ATY
b. CITTON TOWN III ours de corporate limits,	c. LENGTH OF STAY IN 16	Mary Land	If outside corporate limits writ	e RURAL and give neerest town)
write RURAL and give nearest lown)	-		01	1001
Pasadena	?	Baltimo	re 24)	,001-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spitef, giva street eddress)	d. STREET ADDRESS Robi	nson	o. IS RESIDENCE
Behind Gibson Island Count:	ry School		xxxxxxx Street	YES NO TO
3. NAME OF First	Middle	Last	4. DATE Mont	
DECEASED (Type or print)			OF DEATH T	10 (
James S. Bowen			January	
6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	. DATE OF BIRTH	9. AGE (In yeers lest birthdey)	Months Deys Hours Min.
M WIDOWE	DIVORCED TO	9/19/24	37 yrs.	Monins Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
D	ainting	D.311	24.0	770 4
Painter 13. FATHER'S NAME	0	Baltimore	NAME Md	USA
		THE MISSING MANIPER	TOME	
James Bowen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		Josephine	Krauss	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyesgivewerordetasofservice) 21	7-12-3302 M	e Marguari	te Sheldon (si	atam)
Yes Navy War 1] KI	lina for (a), (b), and (c).]	a. Har Roat T	re puerdou (ar	SUEL) . INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY				ONSET AND DEATH
IMMEDIATE CAUSE (a)	oisoning by Car	bon Monoxid	e (Suicide)	7
DUE TO				
Conditions, if eny, which (b)				
gave rise to Immediata couse				
(e), steting the underlying cause fest.				
	TRIBUTING TO DEATH BUT NO	T OF LATED TO THE TERM	NAL DISSACE COMPLETED IN CO.	
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	I KELATED TO THE TERMI	NAL DISEASE CONDITION GIV	PERFORMED?
\ <u>\</u>				YES NOVE
PART II. OTHER SIGNIFICANT CONDITIONS CON 20%. EXTERNAL CAUSE WAS PRIMARY AD or CONTRIBUTING CAUSE OF DEATH. 20%. EXTERNAL CAUSE WAS CAUSE OF DEATH.	IBE HOW INJURY OCCURED. (E	nter neture of injury In Pa	rt I or Part II of item 1B.)	+
			der the back s	
Z 20c. TIME OF INJURY Month, Dev. Yeer 20d.	ng one end of a	rubber hos	e to the exha	ust pipe and the (Stote)
20c. TIME OF INJURY Month, Dey, Year 20d. Hour a.m. While		ory, street, office bldg., etc	.)	(County) (Stere)
7 p.m. 7 19 el wor	k at work & Rehind	Gibson Cou	ntry School Pa	sadena A A Md.
21. I certify that I took charge of the rem	ains described above, he	ld an Aulopsy ,	Inspection V , Inquir	y w and in my opinion
death resulted from: Natural causes		de A, Homicide	Undetermined m	- AL -
1				
14 1 N D	and Dulk	CHIEF MEDICAL		100110
SIGNATURE CUCLAUL AT	selerdi	M.D. ASSISTANT MED	ICAL EXAMINER	/30/62 DATE SIGNED
		DEPUTY MEDICA	L EXAMINER	
NAME (Type) Gustave H. Fauber	t.M D	Address (Street.	city, town, or county) G1	en Burnie, Md.
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d, LOCATION (City, town	
REMOVAL (Specify)	0-1- Y C-			
BURIAL 2-2-62	Oak Lawn Ceme		Baltimore C	
23. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 24b. REG	
√m.Cook, Inc., 1217 St.Paul	Syreet, ZUNE Z	DATE F	EB 2 '62 CI	down S. Thous
		1 VAILE		

and the comment Page 10 magnifest 100 ft. In the standard over moral standard matter, invested that the This is the straight of the 1 results a state of the state of the later b. Just and but recent thestenical Martin That he had the Total E. Month, ... Carrier and the contract of the contract o -u-2-ii fudic Cann Cenerary V and Canera Country Cartina St. Mar. St. Mail System 2

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

MARYLAND STATE D	DEPARTMENT OF HEALTH DS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
(2) 00100 CERTIFICA	
1. PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission
e. COUNTY A.A.CO, MARYLAND	a. STATE MD, b. COUNTY A.A.CO,
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL end give nearest town) GLEN BURNIE 1/2 VR5	X GLENBURNIE
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
1509 TIEMAN DR.	1509 TIEMAN DR. YES NO
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer OF
(Type or print) VEANNIE 501	WEN DEATH VAN, 19, 1962
T. MARKIED INEVER MARKIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. A. C 2 1 2 1
10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUST)	RY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	Call Aug
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN ROSS	MARGARET MCGREGOR,
	INFORMANT Address
(Yes, no, or unkown) (Ilyesgivewarordatesofsarvice)	OG TIEMAN DR. GLENBURNIE AALO
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
DUE TO	The way
Conditions, if ony, which (b) allafety	Ju
geva rise to immediate cause	
(a), steling the underlying DUE TO cause lest.	chal the two 2da
The state of the s	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO 7
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Pert I or Part II of item 18.)
20s. ACCIDENT WAS UNDERLYING 20s. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
0	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Hour a.m. p.m. 19 While Not While st work st work	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	1952 to an , 1962, that (1) (we) la
	t death occured at
22e. SIGNATURE	ATTENDING MED, STAFF SIGNE
	A.D. PHYS. DIRECTOR PHYS. L
22c. PHYSICIAN'S NAME (Type)	1/38 North Balany for 246.
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 1/23/62 LORRHINE	PARK WOODLAWN MD.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
WITZKE, 4101 EDMONDSON AC	UE, DATEJAN 23 '62 Cerima & Times

HULGO 2111

00104

2 should

O HOSPITAL OR AT med by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any great, within 72 hours affer.

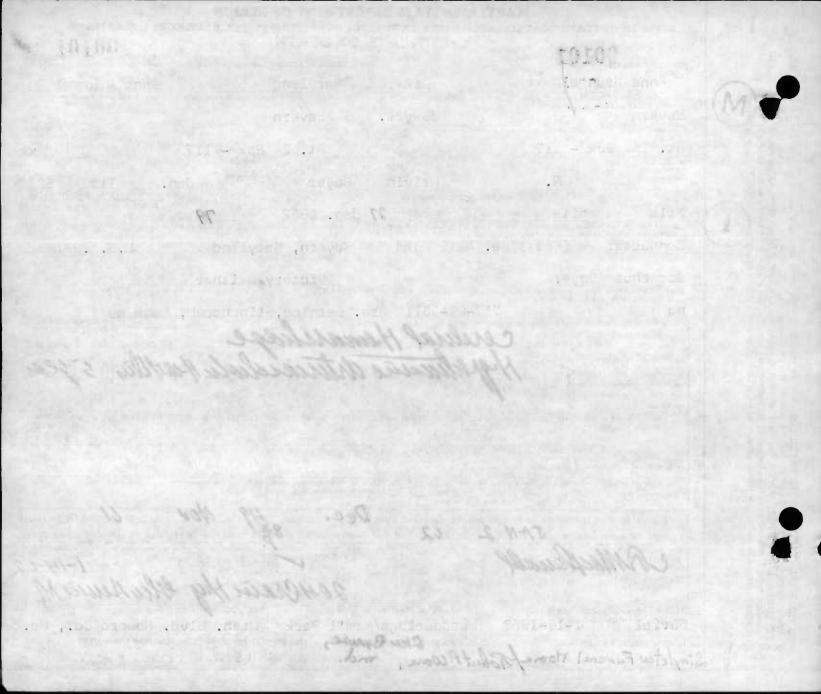
The law requires that the death certificate be executed within 24

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00101

. PLACE OF DEAT	90101		2. USUAL RESIDENCE	CE (Where daceased lived, li	institution: Residence before ed	lmisslon)
a. COUNTY	Prundel	MARYLAND	"Maryland	b. COU	Anne Arundel	
	(if outside corporete Ilmits,	c. LENGTH OF STAY IN 1b			te RURAL and give neerest town)
	d give neerest town)	39 yrs.	X Severn			
d. NAME OF HOSP	PITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS		e, IS RES	FARM?
Rt. 2	Box - 117		Rt. 2	Box - 117		NO V
. NAME OF	First	Middle	Last	4. DATE Mon	th Dey Year	- 4.4
(Type or print)	R.	Melvin	Boyer	of DEATH Jan		52
. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In year lest birthdey)	Months Deys Hours	Min.
Male	White WIDOW	ED DIVORCED 27	Jan. 1882	70 yrs.	Monnis Days Hours	Will.
e. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	KIND OF BUSINESS OR INDUSTRY		ty & State, or foreign country) 12. CITIZEN OF WHAT CO	DUNTRY
Conducte 3. FATHER'S NAME	4	. Rail Road	Severn, M		U.S.A.	
Josephus	Bover		Victor	v Gaither		
S. WAS DECEASED E	VER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. I	NFORMANT	Addre	96	
	(If yes give wer or dates of service)	17 07 E011 M-		041		
118 CAUSE OF	DEATH [Enter only one cause per	17-07-5811 Mr	s. Bernice,	Stinchcomb,	Same as # 2	WEEN
	TH WAS CAUSED BY:	DIOLINO HI	menos 11 les	0110	ONSET AND DE	
71 3	IMMEDIATE CAUSE (a)	rung //4	maveno	ye		
146	DUE TO	110.00	N. fre is	. Dal the	11/1-1-1	0 11
Conditions, if an	y, which) (b)	mullime	willes	clock 11-40	yells 5 ge	No
gave rise to imme	DUE TO					
(a), stating the	underlying					
D. D. D. C. C.	ER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GI	VEN IN PART 1(a) 1 19. WAS AL	JTOPSY
TAKI III OTTI			The second second		PERFOR	MED?
		CORNER HOLL IN HILLIAM OCCUPAN	45 i A 41-5 i I	D- 41 D- 411 Ch 10 1	YES _ N	10 1
OR CONTRIBUTING	WAS UNDERLYING (1) 206. DI G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED.	Lenter neture of injury in I	rem i or Pert II of Item 18.)		
20c. TIME OF IN		f. 1	CE OF INJURY (Home, ferm		(County) (S	State)
20c. TIME OF IN	and the second second	ile Not While Factor	ory, street, office bldg., etc.	1		
			Dec.	1049 MAN	10/0/11/11/11/11	1 (01)
	that (I) (this hospital) atte			1847	and on the date stated	,
22e. SIGNATURE	Macfourle	M	D. ATTENDING PHYS.	AED. STAFF	22b.	DATE SIGNE
22c. PHYSICIAN' NAME (Typ			204 CA	sin Hy	Hey Dessie	11
30. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, 1	own or county) (Sta	ite)
HMOYAL Specif		Meadowridge	Mem'l Park	Wash. Blvd	. Howard Co.,	Md.
4 EIMEDAL DIDECTO		ADDRESS CIEN B		D BY REGISTRAR 256. R		
4 FUNERAL DIRECTO	14/	1 1 1				
INGLE ON TH	INERAL Momenty	Best P. Ware,	mo. DATE	AN 16'62	Circhard S. Kracia	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

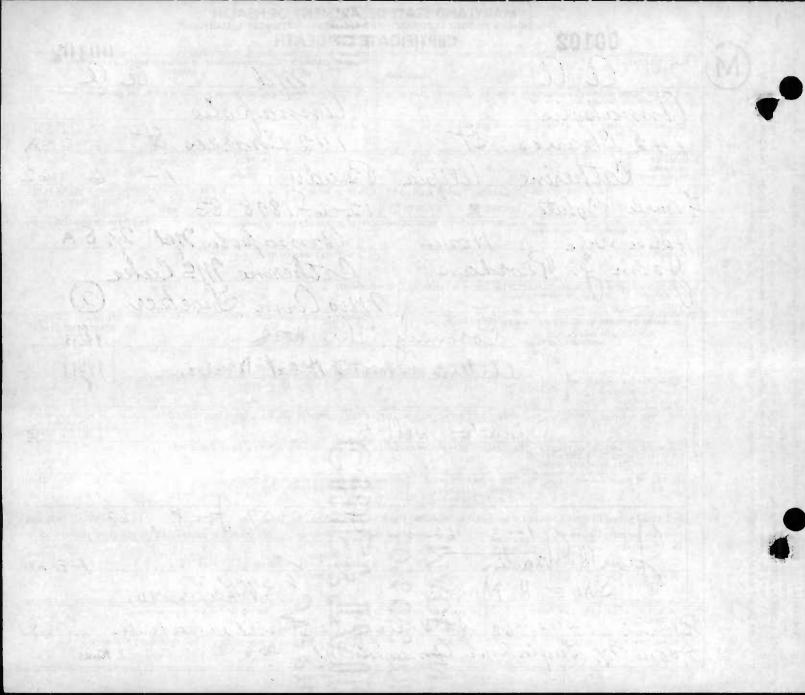
	00102 CERTIFICA	TE OF DEATH	
)	1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissing o. STATE b. COUNTY	on)
	b. CMY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Charles	d. STREET ADDRESS Charles & o. 15 RESI	FARM?
	3. NAME OF DECEASED (Type or print) Catherine Clibia	A OF	962
	5. SEX Finale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 1878 9. AGE (In yeors of the control of the contr	R 24 HRS Min.
	100. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDU-dyring most of working life, even if retired)	annapolis Md 21. S.A	DUNTRY?
1	13. FAMER'S NAME J. Peordan	Catherine ME Cake	30
	15. WAS DECEASED EVER IN JU. S. ARMED FORCES? (1/s. yo. or unknown) (If very give wor or dates of service)	Mis ann Tucker 2	
	18. CAUSE OF DEATH [Enter only one couse per interior (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Thrombosis INTERVAL BET	
	Conditions, if any, which gave rise to immediate (b).	votic Heart Disease //pi	
	couse (a), stating the <u>under-</u> lying cause lost. DUE TO (c)	ENDS PRINTED TO THE TENUN HAD DISTASS CONDITION CHURN IN PART VANIAGE	LUTOBEV
	3 Diabeter melli	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS A PERFOR YES D. (Enter nature of injury in Port I or Port II of item 18.)	RMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE OF INJURY (Hame, farm, 20f. (City or town) (County)	(Stote
		ctary, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 1 - 3 - 1965 and that a 220. SIGNATURE	death occurred atM, from the couses and an the dote stated	
		M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS	SIGNED
	PAME (Type) SAMES RIMBATIN 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23g. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote	
	BEMOVAL (Specify) 1-9-1962 AT Mars 24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS.	SR CREMATORY 23d. LOCATION (City, lown, or county) (Stote 2) 144 Cent 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	nd
	Julm M. Jayla Com amax	tolis Md DATE JAN 9 62 arthur S. Knows	

al director, e filed with PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dec TO HOSPITAL OR ATTEN.

PHYSICIAN: The low requires that the death certificate be executed within 24 hours after may be retained to the hope of the complete this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detoched for use as the burial-transit permit. Then please remove corban popers. Pages 1 and 2 shauthe State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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n	0103		CERTIFICA	TE (OF DEA	TH				nuTu	3
1. PLACE OF DEATH	HOTOU			2.	USUAL RESI	DENCE (W	here daceasa			idence bafora	edmission)
	Arundel		MARYLAN	D	e. STATE	yland		b. COUNT	IT		1
b. CITY OR TOWN (if outside corporate limits give nearest town)		c. LENGTH OF STAY 12	3	c. CITY OR TO	WN (If outsid	da corporete	limits, write	RURAL end g	rive naarest to	wn)
Glen Burn			23 Months		Baltim	ore (City	17	3	V01-4	4
d. NAME OF HOSPI	TAL OR INSTITUTION (if	not in hospi	ital, giva street eddress)		d. STREET ADDI	RESS					RESIDENCE
Plaza Man	or Nursing H	Home			1231 P	ennsy	lvania	Avenu	ie		NO T
3. NAME OF DECEASED	First		Middle		Last		ATE	Month		Day Ye	191
(Type or print)	John H. Bri	idev					EATH	Janua	ry 5	19	62
5. SEX	6. COLOR OR RACE		NEVER MARRIED	B. DA	TE OF BIRTH		19. AG	E (In years)	IF UNDER 1 YE		ER 24 HRS.
Male		WIDOWED		5-	20-1389	•	last	72 yrs.	Months Da	ys Hours	Min.
IOa. USUAL OCCUPAT	ION (Give kind of work	1 10b. KIN	ID OF BUSINESS OR INDU		. BIRTHPLACE (lete, or foreig	1	12. CITIZE	N OF WHAT	COUNTRY
	orking lifa, even if retirad		staurant		Richmo	nd Win	ອດຕຳກາ ຄ		11 9	S.A.	
Porter 3. FATHER'S NAME		ne	Buauranu	1 14.	MOTHER'S MA		GTITTE		0.1	J.M.	
T-1 D	2.3										
John B:	TIGEY ER IN U.S. ARMED FORCE	CES? 16. S	OCIAL SECURITY NO. 1	7. INFC	Anne ?	-		Address			-
(Yas, no, or unkown) (I	fyas giva war or datas of sai	rvica)	9-05-9317		Adler-B	el+c	Cd than III				
Yes	W.W. 1 DEATH [Enter only one of			LIT.	wortet-p	altoo.	DICY D	•1 •W•		INTERVAL B	ETW/EEN!
	H WAS CAUSED BY:		rtensive ca:			2.2				ONSET AND	DEATH
	iata cause DUE TO (c)_R SIGNIFICANT CONDITI	IONS CONT	RIBUTING TO DEATH BUT	T NOT REL	ATED TO THE T	ERMINAL DI	SEASE CONI	DITION GIVE	EN IN PART 1(a) 19. WAS PERF	AUTOPSY ORMED? NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCCU	JRED. (Ent	ar nature of injur	ry in Part I o	r Pert II of its	am 18.)			
20c. TIME OF INJU Hour e.m. p.m.	JRY Month, Day, Yaai	r 20d. IN While at work	Not While		F INJURY (Home treet, office bldg		f. (City or to	own)	(Count)	()	(Stata)
saw the deceas			ed the deceased from 22 1961 and the second							date state	ed above
22a. SIGNATURE	nos Mi	! Ka	in	M.D.	ATTENDING PHYS.	MED. DIRECTO		AFF IYS.	1.	-5-196	2 SIGNED
22c. PHYSICIAN'S	James M. Pa	air, M	ſ.D.		400 N.	Carr	ollton	Ave.	Balto	.23,Md.	•
30. BURIAL, CREMAT	ION, 236. DATE THERE	EOF	23c. NAME OF CEMETE	ERY OR C	REMATORY	23d	. LOCATIO	(City, tow	n or county)		(Steta)
Burial Spacify	1-9-62		Baltimore	Nati	onal		Baltin	nore.	Maryla	nd	
24 FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS						ISTRAR'S SIG		
Charles R.	Law 802 M	fadi so	n Avenue, Ba	alto.	. Md. DAT	Fanns	0.100				
PEMOVAL ISpacify	1-9-62	EOF	23c. NAME OF CEMETE Baltimore	Nati	rematory onal	23d	Baltin REGISTRAR	Ore,	n or county) Maryla	nd	

TO HOSPITAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 in death. Page 4 in the best that he hospital or attending physician.

TO FUNERAL DISCIOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages in director, be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

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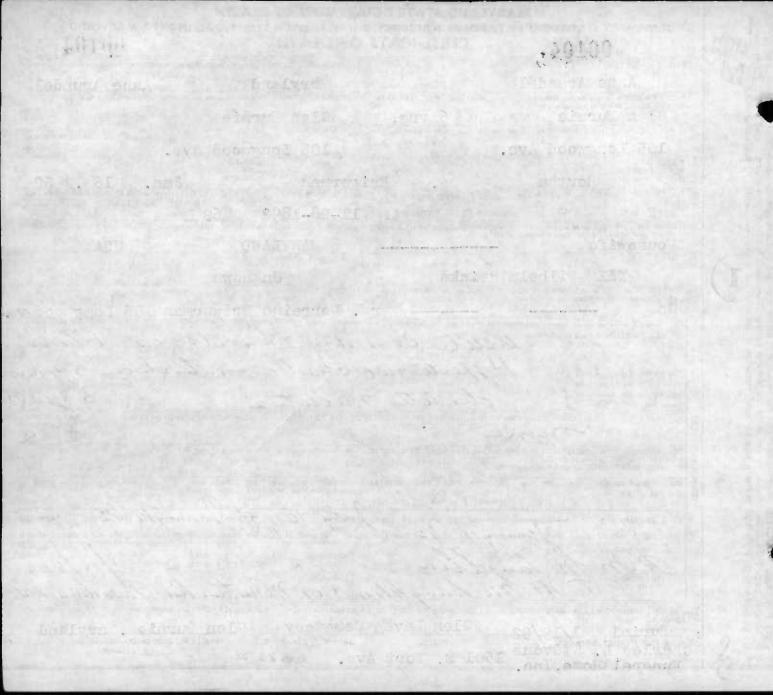
TO HOSPITAL CR A. IDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 the perfection of the hospital or attending physician.

\$ > IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and \$ be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00104 00104

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	NCE (Where			ce pelore	dmission)		
Anne Arundel	MARYLAND	*. STATE Anne Arundel							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Glen Burnie	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) **Glen Burnie**							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	o yrs.	d. STREET ADDRESS		3		I e IS R	ESIDENCE		
105 Longwood Ave.	prior, give sireer ecolossy	1		od Arro		ON	A FARM?		
3. NAME OF First	Middle	Lest	ongwo	od Ave.	Dey	Yee			
DECEASED			OF DEAT	T	7				
Det ona	A. Br	igerman	1	08.	n. Le	19	62		
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In yeers last birthdey)	Months Deys	Hours Hours	Min.		
F W WIDOWS	ED H DIVORCED	11-28-189	92	69 yrs.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110010			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Housewife	CIND OF BUSINESS OR INDUSTR	MARY		or foreign country)	USA		COUNTRY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN			USE				
	o d'ao los								
WAX Wilhelm Re			Unknow						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (Ifyesgivewerordatesofservice)	SOCIAL SECURITY NO. 17. 1	INFORMANT		Address					
No	Mr	s. Lorrain	ne Br:	igerman	105 Lo	mewc	odA		
18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c).]		. /	,	IN	TERVAL BE			
PART I. DEATH WAS CAUSED BY:	and Pan	many Y	thron	when.	- 0	NSET AND			
IMMEDIATE CAUSE (e)	ure con	many ,	nur	w o	1	-110	ni		
DUE TO	7	00 1	-	/	_/ -	-			
Conditions, if any, which (b)	percension	· Cardi	aras	cului C	usease	3	Lean		
geve rise to immediate ceuse (a), stating the underlying DUE TO	1.1.4				30-30-99	,0			
couse lest.	chabetes.	melleti	es		43.448	3-4	eas		
Z PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(e)	19. WAS /	UTOPSY		
nne						YES T	NO M		
PART II. OTHER SIGNIFICANT CONDITIONS COLUMN TO THE PART III. OTHER SIGNIFICANT COLUMN TO THE PART III. OTHER S	SCRIBE HOW INJURY OCCURED). (Enter neture of injury in	n Pert I or Pert	II of item 18.)					
0		CE OF INJURY (Home, far	rm, 20f. (C	ity or town)	(County)		(State)		
Hour a.m. While	THOI WILLIAM	ory, street, office bldg., et	fc.)	0					
		1 10	10 716	1/2	Marchan	1 . (1)			
21. I certify that (I) (this haspital) atten	- /		100			that (I)			
saw the deceased alive on.	1519.6.2. and that	death occured at.	KUM, HO	m the causes	and on the d				
22a. SIGNATURE	11.	ATTENDING	MED.	STAFF	. ,	225	SIGNE		
(K. M. Me faces	blen "	.D. PHYS.	DIRECTOR	PHYS.	//	16/6	2		
22c. PHYSICIAN'S	1 11	22d. ADDRESS		1.0	. 1	1			
NAME (Type) M. M.	Laugh/1	is 3708 /	Monul	cover Rel.	Jasa	dena	MIG		
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, lov			tate)		
REMOVAL (Specify)	Glen Haven		(7)						
Burial 1/19/82		Cemetery	FC(D BY DE	en Burr		ryla	nd_		
Charles L. Stevens	ADDRESS		EC'D BY REGI	131 KAK 256. REC	GISTRAR'S SIGNA	LIUKE			
The state of the s	07 T T		0 0 160		1 d. I WALLS				
Funeral Home. Inc. 17	Ol E. Fort A	Ave. DAMEN	2 2 '62		1 d. 10000				



VR A15 (4) 15M 7/61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	01	0105		CERTIFICA	TE OF DEAT	H		11	1105	
	1. PLACE OF DEATH e. COUNTY Anne Arund b. CITY OR TOWN (if write RURAL end g	outside corporate fimits.	c. LEN	MARYLAND GTH OF STAY IN 16 2 years	2. USUAL RESIDENCE STATE D.C c. CITY OR TOWN (I	.)	b. coun Pri	nce Geo	rge's	
	d. NAME OF HOSPITA		not in hospital, giv	s. 9 davs	Washingto		. Е.	1630	ON	ESIDENCE A FARM? NO
-	3. NAME OF DECEASED (Type or print)	First Gra		Middle	Last	4. DATE OF DEATH	Month	D	13 19	62
		6. COLOR OR RACE 7			Brooks B. DATE OF BIRTH September 3,	9.	AGE (In years last birthdey)	Months Dey	AR IF UNDER	
	10a. USUAL OCCUPATIOn done during most of work Domestic 13. FATHER'S NAME	ON (Give kind of work king life, even if retired)	10b. KIND OF B	USINESS OR INDUST		nd & Stete, or fo	reign country)		S.A.	COUNTRY?
	James But		52 14 506141	SECURITY NO. 17.	Alice 7	Pice	Address			
	(Yes, no, or unkown) (Ify Unknown	vesgive weror detesofser	577-34	-8775	Hospital Rec	ords	Address		INTERVAL BET	TWEEN
	Conditions, if eny, geve rise to immadiat (e), stating the und cause last.	derlying DUE TO	Pulm	teral Emp	cess					
	20a. ACCIDENT WA	S UNDERLYING [] :			OT RELATED TO THE TERMIN			EN IN PART 1(e	PERFC	NO
	20c. TIME OF INJUR Hour a.m.				ACE OF INJURY (Home, ferm clory, street, office bldg., atc.		or fown)	(County)		(State)
	21. I certify the saw the decease 22e. SIGNATURE	at (I) (this hospital ad alive on			2/29/ at death occured and	19.56 to	1/13 the causes	and on the		(we) last d above.
	22c. PHYSICIAN'S NAME (Type)	Lionel Mc	Henry Mar	5/1/2 D. D.		orector le Stat	e Hospi	tal, Ma	1/	15/62
live.	REMOVAL (Specify)	1-18 -	62 23cm	Lingto	or crematory Levnetere	23d. LOCA	ION (City, lov	vn or county)	ark	a .
1	FUNERAL DIRECTOR'S	s Mystle	¥ 433	9 Hune	TPP. 718 DATE	D BY REGISTR		SISTRAR'S SIGI		

The series god to hit wife a man of the go decommend of Son of Households of the Son of IN THE REAL PROPERTY OF THE PARTY OF THE PAR Rice anniquali . Idi 20 ad attativa Library taka ay da ay ili yani yannin kilohaki Bir 1-18 - 62 Willington antiq MAKE STORES OF THE PROPERTY OF

MARVIAND CTATE DEPARTMENT OF HEALTH

	00106	RESEARCH AND REC	CATE OF	DEATH			00106
NOISIVI	QF STATISTICAL	RESEARCH AND REC	ORDS, 301	W. PRESTON	STREET,	BALTIMORE 1	, MARYLAND
		MAKILAND SIA					

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased liv	
Anne Arunde	el MARYLAND	Via rarr I a radi	Anne Arundel
b. CITY OR TOWN (if outside corporate write RURAL and give nearest town	limits, c. LENGTH OF STAY IN 18		s, write RURAL end give neerest town)
Annapolis	2 days	Glen Burnie	
d. NAME OF HOSPITAL OR INSTITUTIO	ON (if not in hospital, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Anne Arundel Genera		P.O. Box-203	YES NO
3. NAME OF DECEASED	First Middle	Last 4. DATE OF	Month Day Year
(Type or print) Just:	ine W.	The second secon	nuary 18 19 62
5. SEX 6. COLOR OR R	ACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	
37 9	WIDOWED DIVORCED	Feb. 8, 1911 50	yrs. Months Days Hours Min.
Male White 10a. USUAL OCCUPATION (Give kind of	1		
done during most of working life, even if r	atired)		
Welder	G.E.	Maryland	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Roland Broseke	r	Nora Ward (De	c)
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (Hyesgive war or deta	FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	ddréss
(1965 FIG. OF UNKOWN) (11965 GIVE WAI OF GATE	solseivica	Mrs. Violet Broseker	Same as 2
18. CAUSE OF DEATH Enter only	one cause per line for (e), (b), and (c).]	TIP. A TOTE & DIOBEVEL	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED B	Y. P. 1	and staces	ONSET AND DEATH
IMMEDIATE CAUSI	(o) I a /monarcy /	16743/4363	E 1/10 x1 ac
DUE N	//	111 1	21/2
Conditions, if eny, which	(b) Carcinoma	of the Return	.> /2 yewas
gave rise to immadiate cause DUI	то		
cause last.	(c)		
Z PART II. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CO			PERFORMED? YES NO XX
200, ACCIDENT WAS UNDERLYING	1 20h DESCRIBE HOW INTIRY OCCUR	LED, (Entar neture of injury in Part I or Part II of item 1	
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH	co, (chief hours of highly in fair to fair it of hom.)	
20c. TIME OF INJURY Month, Day Hour a.m.		PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
Hour a.m.	While Not While et work et work	actory, street, office bldg., etc.)	
7.110		n Jan. 16, 1962, to Jar	18 10 62 Hay (I) (300 Last
		at death occured at	
228. SIGNATURE	1100	ATTENDING MED. STAFF	22b. DATE \$IGNED
11-charol f.	Flotherellor	M.D. PHYS. DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type)	SALE VISION EN LA COLOR	22d. ADDRESS	
Richard	d I. Hochman	59 Franklin St., Ann	apolis, Md.
23a. BURIAL, CREMATION, 23b. DATE	THEREOF 23c. NAME OF CEMETER		
REMOVAL (Specify)		on Nom Don't	D
BUT181 22 J	an 62 Glen Hav	en Mem. Park Glen	Burnie Md.
4	Turkey	DATE JAN 23 '62	
Hopping & Kipkl	ey Gien Burnie	Md DATE ARE & UZ	witur S. Kraus

the funeral after TO HOSPITAL OR A NDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 for retained by the hospital or attending physician.

Yes TO FUNERAL LACCTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages in the filed with the State Dept. of Health prior to burial, cremation, or femoval, and in any event, within 72 hours after the filed with the State Dept. of Health prior to burial, cremation, or femoval, and in any event, within 72 hours after the filed with the State Dept. of Health prior to burial, cremation, or femoval.

THERE AND 500 - Zoer . O . 1 TELL . D. LOS EM CONTRACTOR S CARACTER BARRES . BOY repended to the St. Land of the Contract of th and the Same, Bit to be the Same Therese 1. Rechart est estatement, the manage HE SHOW THE REAL PROPERTY OF STREET MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01107 CERTIFICATE OF DEATH 01428

I. PLACE OF DEAT	н '			1 2. USUAL RESIDEN	ICE (Where d	eceesed lived, If i	nstitution: Resid	ence before	edmission)		
a. COUNTY	Anne Arunde	1	MARYLAND	•. STATE Maryland b. COUNTY Anne Arundel							
b. CITY OR TOWN	(if outside corporate lim d give nearest town)	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Annap			Mins.	10 STAXE	XXXXXX	ANNAPO	LIS				
d. NAME OF HOSP	ITAL OR INSTITUTION	(if not in ho	spital, give street eddress)	d. STREET ADDRESS				e. IS 1	RESIDENCE		
Anna Amand	el General	Hoeni	+ 6]	00 4	last St.				A FARM?		
3. NAME OF	eT delietat	mosbr	Middle	Lasi	4. DATE	Month	Da		-		
(Type or print)	Antho			BROWN	OF DEATH	Janua	ary 2	5 19	62		
5. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	. DATE OF BIRTH	9	AGE (In years last birthday)			R 24 HRS.		
Male	37	WIDOWI		pr. 19-1898		63 yrs.	Months Days	Hours	Min.		
Oa. USUAL OCCUPA	Negro RION (Give kind of wor	k 110b. K	CIND OF BUSINESS OR INDUSTR		inty & State, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY?		
done during most of w	ties Reti	ed)	******	36 13	1			TI O			
3. FATHER'S NAME	.area Hem	ri der		Martla			1	U.S.			
	7										
Anthony				Alverta O	итива						
	VER IN U.S. ARMED FOI (Ifyesgive werordates of			INFORMANT		Address					
Yes	L.W.W	2	14-05-0839 Jo	seph Brown .	- 99 Ea	st St. A	nna. Md	•			
18. CAUSE OF	DEATH [Enter only one	e cause per	line for (e), (b), ind (c).)	1	01			NTERVAL BE			
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Par.	west of som	on au	totas	na		ONSET AND	DEATH		
1423	Λ .		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-				
6101	DUE TO	(and a	Tall &	-11.1=1	J (Ve	2.12					
Conditions, if en	1-	Che	ng thouse	MANERA	-	40,000	10				
(e), steting the	PULL TO	10	- 1 (4)	- VA	DAA	6 = 0	Co Va	0-	9		
cause last.) (c)	La	stulae in	. sary	of My	- Kareha	er sty	roue	-		
PART II. OTH	ER SIGNIFICANT COND	ITIONS COI	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEAS	CONDITION GIV	EN IN PART 16		AUTOPSY ORMED?		
3					U		1	YES	NO XIX		
	VAS UNDERLYING	20b. DES	SCRIBE HOW INJURY OCCURED). (Enter nature of injury in	Part I or Pert	II of item 1B.)					
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER										
		1	INJURY OCCURRED 200, PL/	ACE OF INJURY (Home, far	rm. 1 206. (Cit	v or town)	(County)		(Stete)		
20c. TIME OF INJ	OKI Mollin, Day, 16	Whil	t.	tory street, office bldg., et		y 01 10 Will,	(000)		(0.0.0)		
p.m.	19	et wo	rk et work		517						
21. I certify	that (I) (thischese	tal) atten	ded the deceased from.	76272	19.30 to	Jan.	25,19 6	Pthat (I)	(XXX) last		
			25, 1962 and that		M, fror	n the causes	and on the	date state	ed above		
22e. AIGNATOR	N A	A	1		1:25 FM			22	DATE		
	Variation of	A.		ATTENDING ATTENDING PHYS.	MED. DIRECTOR	T PHYS.		A 977	STGNED		
22c. PHYSICIAN	s Cook	O' COST	V	22d. ADDRESS					10		
NAME (Type	D T Die	ah a md a	an M D	110 Clay	St	Annanoli	e Md	1			
Publish charter			123c. NAME OF CEMÉTERY	-		Annapoli:			Stete)		
23a, BURIAL, CREMA REMOVAL (Specify	TION, 23b. DATE THE	KEOF		OK CKEMATORY					31616)		
Burial	1-29-62		St. Marys		Anna	ipolis, l	nd.				
4 FUNERAL DIRECTO			ADDRESS	25a. RE	C'D BY REGIS	TRAR 256. REC	GISTRAR'S SIGN	NATURE			
C.E.Hic	ks 111	Annap	olis, Maryland	DATE	PRE I	06	arrange 1 10 1				

the funeral Hearth VDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITAL OR A NDING PHYSICIAN: The law requires that the death certificate be executed within 2. death. Page 4 of the retained by the hospital or attending physician.

TO FUNERAL DECCIOR: After this certificate has been signed by the attending physician and completely filled it director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after.

VR A1S (4) 1SM 7/61

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FOR STATE HEALTH DEPT.

HEALTH DEPT.

DEPUTY MX. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is lease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dirk should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board r its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 940 p 0

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0108MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		SH2 O & A LT	M C-200-2/)/ DC - GBC		
Anne Aru		MARYLAND		ice (Where decessed yland	b. COUNTY	ition: Residence before admission)
b CITY OF TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	C CITY OF TOWN	(If outside corporate li	mits, write RUR	AL and give nearest town)
writa RURAL and	give neerest town)					2 .1
Jessup, Ma	aryland TAL OR INSTITUTION (if not in he	5 days		re, Md.		3VD1-4
	ouse of Correct		d. STREET ADDRESS		t. Md.	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF	First	Middle	Last	4. DATE	Month	Dey Year
DECEASED (Type or print)	Clyde	v	BROWN	OF DEATH	Jan	16 19 62
5. SEX	6. COLOR OR RACE 7. MARRI	ED K NEVER MARRIED	B. DATE OF BIRTH 19	30 9. AGE	(In yeers IF UI	
M	C WIDOW		June 26, /19	31/ 3128	yrs. Mor	oths Deys Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work 10b.	KIND OF BUSINESS OR INDUST	- / / /	11		2. CITIZEN OF WHAT COUNTRY?
done during most of we Machinia	orking life, even if retired)		North Ca	rolina		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME		
2 17	exander Glen Bro	TRO-	Velia	Walker		
15 WAS DECEASED BY	FRINIIS APMED FORCESS 114		INFORMANT		Address	
(Yas, no. or unkown)	Ifyesgive war or detes of service) None	Unknown Ma	ryland Hous	se of Corr	rection	Records
18. CAUSE OF I	DEATH [Enter only one cause per	line for (a), (b), and (c).]				INTERVAL BETWEEN
	H WAS CAUSED BY:	Myocardi	al infarctio	n	,	ONSET AND DEATH
A.S. A.	IMMEDIATE CAUSE (e)	11,0001 02		**		
	DUE TO					
Conditions, if any	101					
(a), stating the u	DI BILL TO					
cause last.) (c)					
PART II. OTHE	R SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
LLY.						YES XX NO
PART II. OTHE 20s. EXTERNAL C PRIMARY O OF CAUSE OF DEATH.	ONTRIBUTING	RIBE HOW INJURY OCCURED.	Enter nature of injury In Pe	ort I or Part II of item 1	8.)	
		. INJURY OCCURRED 200, PL/	ACE OF INJURY (Homa, far	m, 20f. (City or to	wn)	(County) (State)
20c. TIME OF INJU Hour e.m.	Whi		tory, street, office bldg., at		,,,	(coomy) Joies
21. I certify t	hat I took charge of the re	mains described above, h	eld an Autopsy XX	Inspection ,	Inquiry	and in my opinion
death resulted	from: Natural causes	, Accident , Suid	cide . Homicide	L	mined mann	er 🗌
	1 00	50/2/	7 /	EXAMINER XX		
ACTUAL SIGNATURE	/ Kussell	8 Justi	V	DICAL EXAMINER		DATE SIGNED
EXAMINER'S NAME (Type)	Russell S. Fi	isher, M. D.	DEPUTY MEDICA Address (Street,	city, town, or county	Jan.	17, 1962
22a. BURIAL, CREMATIC REMOVAL (Spacify		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or o	ountry) (Steta)
Burial	Jan. 21, 1962	High Rock Ce	meterv	Danville		Va.
23. FUNERAL DIRECTO	OR O O no	2 MOORESS NORTH	are, 24. Si	AN 23 '62		AR'S SIGNATURE
1	430	Mumpe, Ma	upland DATE			a. Mana

NATAGO SE DIA SHIFTING SELINGAL DI GRENDARIA EN L in bunder to come of the percent of the state of the The same of the control of the same of the Eth A , I suggest SHEET DAYS CONTROL THE TAXABLE PROPERTY OF THE The state of the state of SAME AND A STATE OF THE PARTY African de de con me de la section de la confidence

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00109	CERTIFICA	ATE OF DEA	TH		U	0108	3
PLACE OF DEATH	Anne Arunde	L MARYLAND	e. STATE Mar	yland	ceased lived, If b. COUN			_
write RURAL and	outside corporate limits, giva nearast town) Oolis	6 hrs.		N (If outside corpo			neerest tow	rn)
	al or institution (if not in		d. STREET ADDRE	ss ton Wood	l Trail			A FARM?
NAME OF DECEASED (Type or print)	Nelson	Middle	BROWN	4. DATE OF DEATH	Januar			62
s. sex Male	6. COLOR OR RACE 7. MAR WIDO		B. DATE OF BIRTH May 8, 1894		AGE (In yeers last birthday)	Months Deys	Hours Hours	Min.
Os. USUAL OCCUPATION done during most of wor Engineer 3. FATHER'S NAME	king life, even if retired)	J.S. Gov.		York	foreign country)		J.S.	:OUNTRY?
Yes, no, or unkown) (If NO 18. CAUSE OF DI PART I. DEATH Conditions, if eny, geve rise to immedia (e), stating the un	R IN U.S. ARMED FORCES? yes give war or dates of service) NO EATH (Enter only one cause p I WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Which ofte couse	275 12 6437 M or line for (o), (b), end (c).] It. Corran	Unknow INFORMANT Irs. Iris E. F arting mullitue By nehit	Brown-Wi	4	c as # 2	TERVAL BEI	
PART II. OTHER		ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE		'EN IN PART 1(a)		AUTOPSY ORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUF Hour a.m. p.m.	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Dey, Yeer 20 W 19	d. INJURY OCCURRED 20e. P	LACE OF INJURY (Homa, I actory, street, office bldg.,	(arm, 20f. (City	or town)	(County)	that (I) ((Stete)
saw the decease	ed alive onJan	1962, and th	ATTENDING				ate state	

TO HOSPITAL director, page be filed with the death. Page 4
TO FUNERAL VR A15 (4)

The law requires that the death certificate be executed within 24

Se retained by the hospital or attending physician. SECTOR: After this certificate has been signed by the attending physician and completely filled

carbon papers. Pages

Then please remove

detached for use as the burial-transit permit.

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or removal, and

22c. PHYSICIAN'S NAME (Type)

23a, BURIAL, CREMATION, REMOVAL (Specify) Burial

24 FUNERAL DIRECTOR'S

Hopping

Hillcrest Cometery

23c. NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

Lothian,

Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
JAN 15'62

Onthing 1. Thomas JAN 1 5 '62

23d. LOCATION (City, town or county)

(State)

ADDRESS Annapodis, Md.

Emily H. Wilson

236. DATE THEREOF

Jan. 11. 1962

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	ARYLAND STATE DEPARTMENT OF HEALTH ESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH
00110	
ACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution; Residence before a

1	90116	CERTIFICAT	E OF DEATH							
1	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where daceasad lived, If institution: Residence before adm	ission						
	Anne Arundel	MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel							
1	b. CITY OR TOWN (if outside corporete limit write RURAL and give nearest town)	s, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)							
	Annapolis	6 days	X RURAL - Lothian							
1	d. NAME OF HOSPITAL OR INSTITUTION (I		d. STREET ADDRESS e. IS RESID							
	Anne Arundel General H	losnital	RURAL YES NO	-						
-	3. NAME OF First	Middla	Last 4. DATE Month Dey Year							
-	DECEASED (Type or print) Willia		BROWN DEATH January 28 1962							
			DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24							
	10.0		I I I I I I I I I I I I I I I I I I I	Min.						
1	Male Negro 10a. USUAL OCCUPATION (Give kind of work		y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COU	INTRY						
1	done during most of working life, even if retired	d)								
	CARETAKER	*******	Maryland U.S.							
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
)	Unknown		Priscilla Owens							
	15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, pro or unkown) (If yes give were or dates of se	Inning	NFORMANT Address							
	No.	Unknown Hat	tie Smith-76 Clay St. Annapolis, Md.							
	18. CAUSE OF DEATH [Enter only one	cause per line for (e), (b), and (c).)	1 INTERVAL BETWE							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CANG DATENTS GREAT Forlers due									
	74-13-11111									
	Conditions, if ony, which (b) to there's selevation from the art thean I week									
	gave rise to immediate cause	1								
Ī	(e), stating the underlying DUE TO cause last.	Hutala news (Pardintes a Ral denced							
	10/_	NONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	OPSY						
	(E)	To a DA DA O	PERFORM YES NO	VED?						
	E 20e. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Part I or Part II of item 18.)	TOTAL						
	PART II. OTHER SIGNIFICANT CROPD 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOW HOOK! OCPONED.								
	20c. TIME OF INJURY Month, Day, Yee	er 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (County) (Ste	ete)						
	Hour a.m.	WhilaNot While factor	ory, street, office bldg., etc.)							
		et work at work	Ton 20 63 Ton 20 63	_						
			Jan. 22, 1962 to Jan. 28 , 1962, that (1)							
	saw the deceased alive on	an 28 1962, and that	death occured atM, from the causes and on the date stated a							
	220 SIGNATORE		ATTENDING MED. STAFF	ATE SIGNE						
	Kid Krehiands	M.	M.D. PHYS. XX DIRECTOR PHYS. /3/(2)							
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS							
	R. L. Richa	ardson	110 Clay St., Annapolis, Ad.							
	236. BURIAL, CREMATION, 236. DATE THER	EOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or bounty) (State)						
	Burial Feb 1-6	2 Mt. Zion	Iothian, A.A.Co. Md.							
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	C.E.Hicks 111 An	napolis, Maryland	DATE FEB 7 '62 willing of thouse							

the funeral The law requires that the death certificate be executed within VR A15 (4) 1SM 7/61

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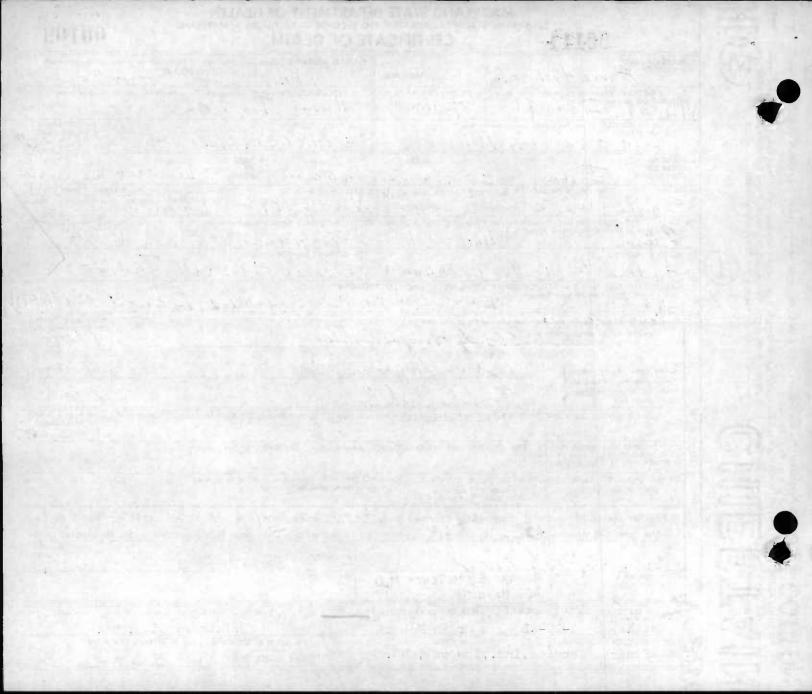
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

00111

00109

	1. PLACE OF DEATH O. COUNTY A I were Avun 1/2 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE M A COUNTY A A CO COUNTY A CO COUNTY A CO COUNTY CO COUNTY A CO COUNTY CO COUNTY CO COUNTY CO COUNTY CO CO CO CO CO CO CO CO CO C					
	b. CITY OR TOWN (If oulside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ALL Maf All A	d. STREET ADDRESS Old anispohs Rd e. 15 RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)					
	3. NAME OF DECEASED (Type or print) I da Erille Bac	hanan January 25 1962					
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B Fanala White WIDOWED DIVORCED	Nov, 16,1892 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) L 9 yrs. Months Doys Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done of the state of the stat	Virginia U.S.A					
	Audren Goodfullow Buchanan	Carrie Marshall Taylor					
	(Yes, no, or unknown) (If yes, give war or dates of service)	rs Dera Lindameed, I, acrod Malle					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	eghtis INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) Conditions, if ony, which gove rise to immediate couse (b) Conditions the under-lying couse lost.						
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)					
		CE OF INJURY (Home, form, 20f. (City or town) (County) (State ory, street, office bldg., etc.)					
	21. I certify that (I) (this hospital) attended the deceased from sow the deceased olive on 162 23 1962 and that de	ath occurred of 3PM, from the couses and on the dote stated above.					
	Onbert Shy Cenew N	ATTENDING MED. STAFF SIGNED					
	22c. PHYSICIAN'S ROBERT S MCCENEY M.D. 402 MAIN ST.						
	230. RURIAL CREMATION, 236. DATE THURSDURE L, MDNAME OF CEMETERY OR REMOVED 1-29-62 Green Moumt	23d. LOCATION (City, town, or county) (Stote) Baltimore City, Md.					
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BrooksFuneral Service, Inc., Towson4, Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouthe State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. tol ar attending physician. TO HOSPITAL OR ATTEN may be retained TO FUNERAL DIREC VR A1S (4) 15M 9/S9



CERTIFICATE OF DEATH 00112 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND CVITY OR TOWN of butside corporate limits, white c. LENGTH OF STAY IN 16 c. CITY OR TOWN/(If autside carporate limits, write RURAL and give negrest town) RCIRAL and give negest town) d. NAME OF HOSPITAL (npt in haspital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF 4. DATE Middle Year DECEASED OF DEATH 1962 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours DIVORCED | WIDOWED T yes. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 15., WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. AGCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at work at work p. m 1962 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 3,50 AM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL ro FUNERAL DI NAME (Type) BENT 220. BURIAN-CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Gity, town, or spenty) (State) REMOVAL (Specify) 23. EUNERAL DIRECTOR'S STGNATURE 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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4.000				

HEALTH DEPT.

TO DEPUTY W. E. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is new please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Elepages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any fivent within 72 hours after death. M

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ANT 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00111

2011	U					11/2 2 3
1. PLACE OF DEATH				CE (Whare dacaasad lived, If	institution: Ra	sidence before edmission
Anne Aru	ndel	MARYLAND	a. STATE	ه. ده ۱i gan	Okland	
b. CITY OR TOWN (if outside con	porata limits.	c. LENGTH OF STAY IN 16		If outside corporata limits, write		give naarast town)
write RURAL and give nearest	fown)		(N/2 de	17 - 04	1 1 2	Walled
d. NAME OF HOSPITAL OR INST	ITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS	lleStraights L	ake) R	In Is Kesibenci
					car	ON A FARM
Anne Arundel Gene	rai hospi	ta.i.	7730	Detroit Blvd	YLC.	YES NO
DECEASED		Widdia	Last	OF		Day Year
	lfred	R	CONTI	DEATH Janua:		19 62
5. SEX 6. COLOR	OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Da	
Male Whit		ED DIVORCED	April 24, 191	4 47 yrs.	Monins	ys Hours Min.
10a. USUAL OCCUPATION (Give kindona during most of working life, ev.		CIND OF BUSINESS OR INDUST		or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
President		ol Manf. Co.	Ill.		US	2 A
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	UL	24
William (Conti		Clara Gra	f		
IS. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address		
(Yes, no, or unkown) (Ifyesgivaward		26 05 9423 Mr	s. Geltrude C	Conti Wife s		11 2
18. CAUSE OF DEATH [Enter			a. deminida	OUCT MILE S	ame as	# ~
PART I. DEATH WAS CAU	SED BY:					ONSET AND DEATH
IMMEDIATE C	AUSE (a) Ca	rdiac arrest,	cause undeter	mined		_2 hours
54/2	DUE TO					
Conditions, if env, which	(P) BTee	ding duodenal	ulcer with ma	ssive hemorrha	age	2 days
(a), stating the undarlying	DUE TO					
cause last.	(c)					
PART II. OTHER SIGNIFICAN	T CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1	
Ē.		Pulmonary edema				PERFORMED?
PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN 200. EXTERNAL CAUSE WAS PRIMARY — or CONTRIBUTING CAUSE OF DEATH	2Db. DESCR	HIBE HOW INJURY OCCURED.		For Pert II of itam 18.)		1.00
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.						
ZOc. TIME OF INJURY Month	, Day, Yaar 2Dd.	INJURY OCCURRED 20e. PL/	ACE OF INJURY (Homa, farm	, ! 20f. (City or town)	(Count)	r) (State)
20c. TIME OF INJURY Month	While	Not While fee	tory, street, office bldg., atc.		(Count)	(Sidie)
p.m.	at wo					
21. I certify that I took	sharge of the ren	nains described above, he	eld an Autopsy,	Inspection Inquir	у 🔲,	and in my opinion
death resulted from:	atural causes	Accident , Suid	ide . Homicide	Undetermined m	anner 🗌	
1		1	CHIEF MEDICAL E	XAMINER		
ACTUAL SIGNATURE	Nears	AA.	M.D. ASSISTANT MEDI	CAL EXAMINER		DATE SIGNED
	-		DEPUTY MEDICAL	EXAMINER		
NAME (Type) Filmer	G. Linhard	dt.	3 Chesapeake	Ave , Annapoli	ls, Md.	1/17/62
	TE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town,	or country)	(State)
	18,1962	t		Walled Lake, I		
287 AUNERAL DIRECTOR	ers.	DODRESS		D BY REGISTRAR 24b. REG		
Hopping Funeral	one Rn	pepolis, Md.	DATE	N 1 9 '62 C	illus . 7	VVIII.

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MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH L PLACE OF DEATH a. COUNTY a. STATE

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) write RURAL end give nearest town) RURAL - Shadyside Annapolis 10 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? YES NO Anne Arundel General Hospital Box-13 papers. completely 3. NAME OF 4. DATE Middla Last Month Day Year DECEASED OF (Type or print) DEATH COOPER 19 62 Elizabeth January carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Deys Hours WIDOWEDXX March 2. 1892 Female DIVORCED Negro YTS. physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even A retired) Virginia U.S. FATHER'S NAME 14. MOTHER'S MAIDEN NAM please aftending WAS DECEASED EVER IN U.S. ARMED FORCES? /16. SOCIAL SECURITY NO. | 17. INFORMANT s, no, or unkown) | (If yes give war or detes of service 18. CAUSE OF DEATH [Enter only one cause or line for (1), (b), and (1). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, geve rise to immediate causa DUE TO (a), stating the underlying cause last certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 95 PERFORMED? NO XX use 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (State) 20c. TIME OF INJURY Month, Dey, Yeer (County) factory, street, office blda., etc.) While Not While Hour a.m. et work p.m. 21. I certify that (I) MIGCOGODO) attended the deceased from JEC. 31., 19.6/, to Jan saw the deceased alive on Jan. 19 62 10115 MED. DATE 22a SIGNATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Willard F. Shadyside, Md. Smith 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF COMETERY OR CREMATORY 23d. LOCATION (City, town or county) MOVAL Specify REGISTRAR 256. REGISTRAR'S DIRECTOR'S SIGNATURE archer S. Krous

attending director, page 3

VR A15 (4) 15M 7/61

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF TILDELT.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

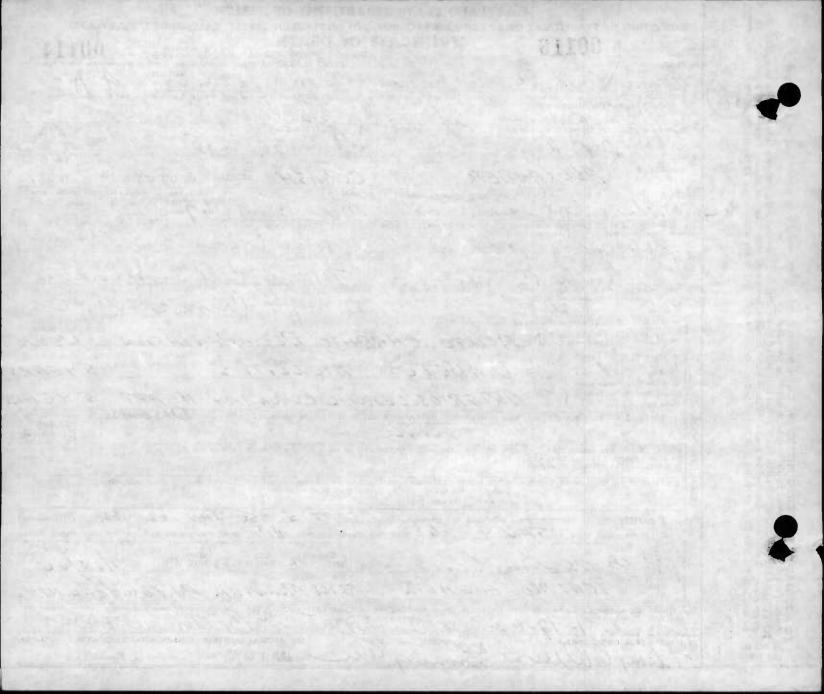
OF DEATH

OF DEATH

	15									
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDEN	ICE (Where de			ice befora e	dmission)		
AA		MARYLAND	a. STATE Ba	lto.	b. COUN	AA				
b. CITY OR TOWN (if outsid	la corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orete limits, write	RURAL and giva	neerest low	n)		
write RURAL end give n Glen Bur	eerest town)		X Glrn Bu							
d. NAME OF HOSPITAL OR	INSTITUTION (if not in hos	pitel, give street address)	d. STREET ADDRESS	5				SIDENCE A FARM?		
1108 Notat	ingham Dr.		1108 N	ottinkh	am Dr.		YES T	-		
3. NAME OF	First	Middle	Last	4. DATE	Monil	n Dey	Yeer	-		
(Type or print)	William	F.	Cooper	OF DEATH	1	25	19	63		
5. SEX 6. CC	DLOR OR RACE 7. MARRIE	DE NEVER MARRIED 18	B. DATE OF BIRTH	9.		IF UNDER 1 YEAR				
M	W WIDOWE	JAL .	11/20/93	1	68 yrs.	Months Deys	Hours	Min.		
Os. USUAL OCCUPATION (G		IND OF BUSINESS OR INDUSTI		unly & Stele, or	-	12. CITIZEN C	OF WHAT C	OUNTRY		
dona during most of working li	fe, even if retired) Be	th	Ohio							
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
Frank E.	Cooper		and the second	Matilda	Fier					
5. WAS DECEASED EVER IN U		SOCIAL SECURITY NO. 17.	INFORMANT	Madrada	Address					
(Yes, no, or unkown) (Ifyesgiv	ewar or dates of service)				~					
NO NO	(Enter selvene enter	f (-)s (-\) (-\)	Family		Same	LIN	TEDVAL BET	WEEN		
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), end (f).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH										
IMMEDIATE CAUSE (6) CONTROL FIGURATION OF THE PROPERTY OF THE										
32 X DUE TO										
Conditions, if eny, while	Conditions, if any, which \ (b)									
geve rise to immediate causa										
(a), staing the underlying										
ceuse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II)										
5							YES	NO [-]		
PART II. OTHER SIGNI OF CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	CRIBE HOW INJURY OCCURE). (Enter neture of injury in	n Pert I or Pert II	of item 18.)					
20c. TIME OF INJURY	Month, Dey, Yeer 20d.		ACE OF INJURY (Home, fer		or lown)	(County)	-	(Stete)		
20c. TIME OF INJURY Hour a.m.	Hour a.m. Whila Not While factory, street, office bldg., etc.)									
	A SETTI IN ADDITION OF									
21. I certify that (I	a de de	ded the deceased from.		19.2.7, to	-junina	1	that (I) (
saw the deceased al	ive on	19.6 d and that	death occured at.	A.M. from	the causes	and on the d	ate stated	above		
220. SIGNATURE ATTENDING MED. STAFF 2-1-2 SIGNED										
22c. PHYSICIAN'S 22d. ADDRESS 2										
NAME (Type)	1. MAC	DONALD	20404	electus	Sella-	AKLY BU	uuy,	1114		
23a. BURIAL, CREMATION, 2 REMOVAL (Specify)	3b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(SI	tata)		
Burial	11/29/62	Cedar Hill	Cem.	Bal-	10 25	Ma				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE										
McCully Fune	ral Homes 13	O E. Fort Ave.	DATE	EB 1 '62	0.	Chur & The				
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all m - 021100 AA . O THE Pasternos mesto THE CONTRACT SHEET Regard Alvert Jones 110 E. Fort Lvo.

AND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RES** PRESTON STREET, BALTIMORE 1, MARYLAND 1/18/62 cac 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If butside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) e. IS RESIDENCE OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) STREET ADDRESS ON A FARM? YES NO Z papers. in 72 ho completely NAME OF DATE Middle Year DECEASED 1962. DEATH (Type or print) January withir carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. SEX lest birthdey) and Months Hours WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Yes, no, or unkown) | (If yes give we ror detes of service 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) MELLITUS Conditions, if eny, which geve rise to immediate cause (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE PART II. certificate PERFORMED? SE NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from SEPT. 5., 1950 to JAN 12. 1962 that (I) (we) last saw the deceased alive on JAM. 9. 1962 and that death occured at A.M. from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. O HOSPITAL
death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S 3708 MOUNTAIN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF (Stete) RENOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 circling & Thouse



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MARYLAND CTATE DEPARTMENT OF MEALTH

MAKILAND SIAIE DEPAKIMENT OF REALIN	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
00117 CERTIFICATE OF DEATH	001

	a COUNTY	SUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
	MARYLAND "	STATE AND UNION STATE ACCORDED
	V. CLY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c.	CVIY ON TOWN (It/outside corporete limits, write RURAL end give neerest town)
	(MMapoles)	Shaduside x
	NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street eddress)	STREET ADDRESS ON A FARM?
	a. a. Reneral	YES NO 🔀
	3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year OF
	(Type or print) John M. Crowne	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE	OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast bighday Months Days Hours Min.
	10a, USUAL OCCUPATION (Give kind of work 10h KIND OF RUSINESS OR INDUSTRY 11)	5-1895 66 yrs.
	10a. USUAL OCCUPATION (Give kind of work domoduring for of working life, even if refired)	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. HATHER'S NAME	Igeryland Olding
	The malon is the some on. The	19 HER & MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFOR	MANT TONGEROOM
	(Yes, no, or unkown) (Myes aivewaron dates of service)	Carron Shaden do Mid
	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	of Pneumonia Turo Weeks
	DUE TO A	1 minimum
	Conditions, if any, which) (b) (arcenome of le	ing sulmoun
-	gave rise to Immediate ceuse (a), steting the underlying DUE TO	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CAT	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter OR CONTRIBUTING CAUSE OF DEATH CHIEF CONTRIBUTION CONTRIBUTION	nature of injury in Part I or Part II of item 18.)
		INJURY (Home, ferm, 20f. (City or town) (County) (State) ef, office bldg., etc.)
	p.m. 19 at work at work	accorde 15 let Tou 1 63
	21. I certify that (I) (this hospital) attended the deceased from	themself, 10 van 1, 152, that (1) (we) last
	saw the deceased alive on	occured at 2 P.M, from the causes and on the date stated above.
	Landon & Februit	TENDING MED. STAFF PHYS. SIGNED
	22c, PHYSICIAN'S 2	2d. ADDRESS Of Carl
	NAME (TYPE) ILLARD F. SMITH, MD	Shady Side, Ma.
	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OF CRI	MATORY 23d LOCATION (City, town or county) (State)
	Bural 1-4-1962 Stillathe	100 Madyaide Ma
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Villeam Heart Will. 19	DATE IN 5 '62 Only & Know

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased kivad, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) RURAL - Edgewater Annapolis hrs. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO XX Anne Arundel General Hospital Pinewood 3. NAME OF 4. DATE Dey Month Year Middla DECEASED OF 1962 8 DEATH (Type or print) DAVIS January 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED XX B. last birthday) Months 58 8, White WIDOWED DIVORCED Male Jan. 1962 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ann Elizabeth Hatcher Alton Joseph Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no os unkown) (Ifyas giva war or datas of servica) Hospital records 18. CAUSE OF DEATH [Entar only one cause par lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immadiate causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO XX 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) (Stata) Month, Day, Yaar factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work p.m. 8, Jan. 8, 1962 to Jan. 1902, that (1) (W6) last 21. I certify that (I) (NOCOCOCOC) attended the deceased from..... 62 , end thet death occured et. saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED STAF PHYS. DIRECTOR PHYS. 62 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Cathedral St., Annapolis, Md. Niel H. Sims 23e. BURIAL, CREMATION, 23c. NAME OF CEMÉTERY OR CREMATORY 23d. AOCATION (City, town or county) (Stata) DATE THEREOF 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Christ S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH

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AND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00126 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission e. COUNTY MERVIAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) RURAL and Live Meerest fown) on Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streef eddress) e. IS RESIDENCE ON A FARM? YES NO completely papers. 3. NAME OF Middle 4. DATE Month Dev 72 DECEASED OF 62 (Type or print) DEATH carbon AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. and last birthdey) Months WIDOWED physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY remove done during most of working life, even if retired 13. FATHER'S NAME uding De 15. WAS DECEASED EVER IN U.S. ARMED FORCES? affe (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) K. W. WI 1917 -578the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Signed DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY certificate PERFORMED? 35 NO use 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) 2 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work ef work D. m ess. 5., 19.6.2 that (1) (we) last (this hospital) attended the deceased from... 21. I certify that (1) and that Beath occured A.M., from the causes and on the date stated above saw the decpased alive on.. 226 DATE 220. SIGNATOR SIGNED ATTENDING DIRECTOR PHYS. PHYS. death. Page 4 O FUNERAL 22c. PHYSICIAN 22d. ADDRESS ector, OR CREMATORY (Stete) 23e. BURIAL, CREMATION, REMOVAL (Specify) 25e, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) 15M 9/60 DATE JAN 9 arthur & Kenns

51. a filma de Pane Grostel Children Total The Danies of B. Water with the State of the Make 11911 + 1815 66 Grenery Store - Maryland THE STATE OF THE S FRANK DAWSON SHILL BASE Elakaljon 14- max 141- 1414 \$18-23-4038 Herrer H. DAWSON Coronary thumbrens ce Inmediale Toyo carting - In the From TOTAL STORE SHITH MO SHEEL SHE State of the state

TO HOSPITAL OR ENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

death. Page 4 region and completely filled in a death certificate by the hospital or attending physician.

TO HOSPITAL DESCRICE: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filled with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH						NCE (Whare d	accessed lived, If		Residen	ce before	admission
	e Arundel		MARYLANI	e. STAT		vland	b. COUN	_	ede	rick	V
	f outsida corporate limi	its,	c. LENGTH OF STAY IN 1	b c. CITY	OR TOWN	(If outside cor	porata limits, writ	RURAL	nd give	nearest to	wn)
_ Crownsvi.			21 vrs. 10	no. Moi	unt A	iry		1	OX	12	
		if not In hos	pitel, give street address)	d. STRE	ET ADDRES	S					A FARM?
_Crownsvi	lle State	Hosni	tal							YES	NO
3. NAME OF DECEASED	First		Middle	Las	1	4. DATE	Mont	1	Dey	Yes	Dr .
(Type or print)	Jame		Edward	Dots	son	DEATI	1		4		62
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF B	RTH		9. AGE (In years last birthday)	Months	1 YEAR Days	Hours	R 24 HRS.
Male	Negro	WIDOWE	D DIVORCED	192	21		40 yrs.				
10a. USUAL OCCUPAT		k 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTH	PLACE (Co	unty & State, o	r foreign country)	12. C	TIZEN C	OF WHAT	COUNTRY
grade £	aborer		arm	Ma:	rylan	d		L	J.S.	A.	
13. FATHER'S NAME				14. MOTHE	R'S MAIDE	NAME					
Roscoe	Dotson				illi	an ?					
1S. WAS DECEASED EV (Yes, no, or unkown) (I			SOCIAL SECURITY NO. 17	. INFORMAN	T		Address				
No			Jnknown	Hospita	al Re	cords					
		e ceuse per l	ina for (e), (b), and (c).]	_						SECULO	
	H WAS CAUSED BY: [MMEDIATE CAUSE (*)	In	fluenza 48	1						L day	5
461	DUE TO										
Conditions, if any	which (b)										
gava rise to immedi (e), steting the u	DUETO										
ceusa lest.	(c)										
Z PART II. OTHER	SIGNIFICANT COND	ITIONS CON	ome assoc. wit	NOT RELATED TO	THE TERM	NINAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a)	19. WAS	AUTOPSY
PART II. OTHER Chro				on convu	SIVE	DISOLG	27			YES [NO K
20a. ACCIDENT W		20b. DES	CY Severe	RED. (Enter neture	of injury i	n Part I or Pert	II of item 18.)				
UF EITHER, NOTIFY	MEDICAL EXAMINER)	-						-			
3 20c. TIME OF INJU	IRY Month, Day, Ye			PLACE OF INJUR			ty or town)	(Co	unty)		(State)
ZOc. TIME OF INJU	10	While	THOI WILLIAM	fectory, street, off	ice blag., e	TC-)					
	hat (I) (this hospi		ded the deceased fro	m 3/12		1940. to	1/4	10	62.	that (I)	(we) la:
saw the decease	sed alive on	1/4	19.62, and the	nat death occ	2:30 "						
229. SIGNATURE	\ // A	11)	Ţ	idi dodili oci			1110 000000	0110			b. DATE
Waloin.	to real a	Ke	Muall.	M.D. PHYS.	ING	MED. DIRECTOR	STAFF PHYS.	3/	5/6:	,	SIGNE
22c! PHYSICH N'S	9 40		- roun	141.0.	DDRESS			1/	2/0		
NAME (Type)	Dr.Hilda	Reiss	mann	Cr	ownsv	ille S	tate Ho	spita	al,	Mary	land
23ar BURIAL, CREMATI	ON, 236. DATE THE	REOF	23c. NAME OF CEMETE	OR CREMATO	DRY	23d. LO	CAJION (City, to	WE OL COR	nhy)	(:	State)
REMOVAL (Specify)		5 V	19/ An m	el.		BAH	ta. ms	V			
24 FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS	0		EC'D BY REGIS	STRAR 256. RE	GISTRAR'S	SIGNA	TURE	777
DV: 00	teese!	10-	anda m		DATE	IAN 11 '	52	nemy of	1. 1h	Metis	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR
CERTIFICATE OF DEATH 00199

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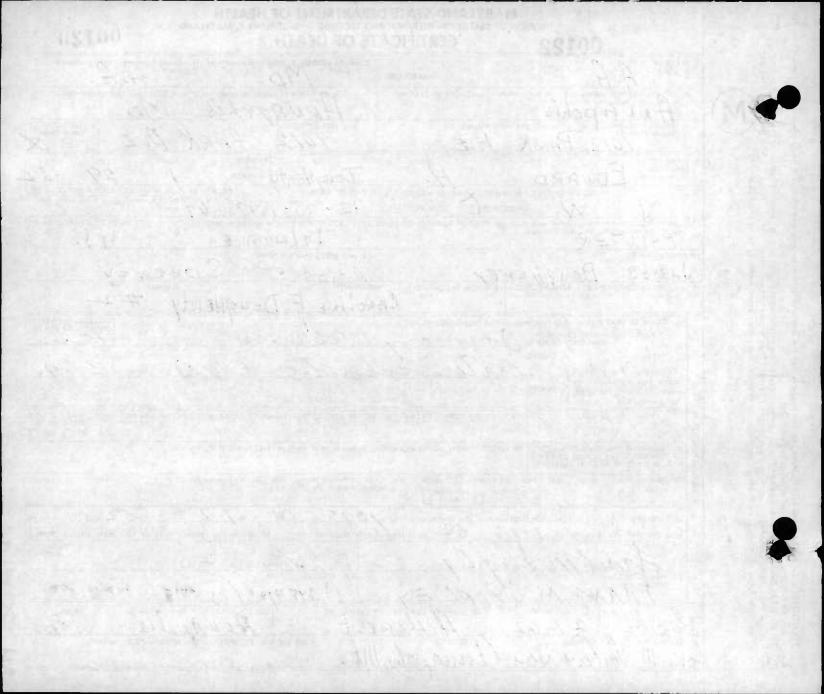
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1	1. PLACE OF DEATH g. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL If not in haspitol, give street address) OR INSTITUTION PARK HUE	1012 PARK AUE ON A FARM? YES NO
13	3. NAME OF DECEASED First Middle (Type or print) LDWARD	Dougherty 4. DATE Month Day Year DEATH / 29 1962
	M WIDOWED DIVORCED	DATE OF BIRTH 12-25-1897 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. White Months Min. Min.
	10a. USUAL OCCUPATION (Give kind of work dane) during most of working life even if retired)	DELAWARE U.S.
1	JAMES Dougherty	MARGARET Sweeney
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF (Yes, no. or unknown) (If yes, give war or dates of service)	POLÍNE E. DOUGHERTY # 2
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if ony, which gave rise to immediate couse (o), stoling the underlying cause last. DUE TO DUE TO DUE TO County To the underlying cause last.	orchum 15-m.
		IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		(Enter nature of injury in Port I or Port II of item 18.)
		CE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State) ary, street, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 1-13-62 and that de	that (1) (we) last accurred atM, from the causes and an the date stated above.
	A COURT A COURT	D. PHYS. DATE SIGNED
	22c. PHYSICIAN'S NAME TO PER ANK M. SHIPLEY	120. ADDRESS AND 130.62
	BURIAL 2-1-62 HiLLERS	
	an Funeral Directory signature aboves aboress	250. REC'D BY REGISTRAR 266. REGISTRAR'S SIGNATURE

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TO HOSPITAL OR ATTENDANG PHYSICIAN: The law requires that the death certificate be executed within 24 hours often may be remained by the creating the state of the complete of

G PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter

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MARYLAND STATE DEPARTMENT OF HEALTH

MARILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	012

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
a. COUNTY	a. STATE b. COUNTY
AA. Annapolis, MARYLAND	Maryland AA.
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest lown)
Annapolis	X Tracys Landing, AA Co.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
An Mary Land General Hospital	ON A FARM? YES NO
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer
(Type or print) Helen	Easton DEATH Feb. 27 1962
1. MAKALU AT HEALK MAKKED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours Min.
F. C WIDOWED DIVORCED	7-10-1893 68 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Young	Barbara Holt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give we rordates of service)	chard Easton, Tracys Landing, AA .Co.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	chard Easton, Tracys Landing, AA Co.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneujionia	ONSET AND DEATH
DUE TO	-iluma due to Arteriogolometic
Lava de to immediate causa Urmonat oncasto Conda	ailure due to Arteriosclerotic o-Vascular disease.
(a), stating the underlying DUE TO Thy per defibility	0-Va3Culai (1.50a50)
couse lest. (c)_	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
NATI CALL	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	D. (Entar neture of injury in Pert I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL/ Hour e.m. While Not While fac	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	1-5- , 19 62 to 1-27- , 1962, that (I) (we) last
	death occured at
22e, SIGNATURE	deall occurred at a.m. A.M., from the causes and on the date stated above.
Sin Keel and Arm	A.D. PHYS. ATTENDING MED. STAFF 1-27-62 SIGNED
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
R. L. Richardson, M.D.	110 Clay Street, Annapolis, Maryland
238. BURGAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
2-30-62 Bethel Way	Of Cross Huntingtown, Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Privare 5. Sough Vrince	Free, DATE TOB 1 162 Outline &
- Control Control	Trees, DATE 308 1 62 Outline & Kons

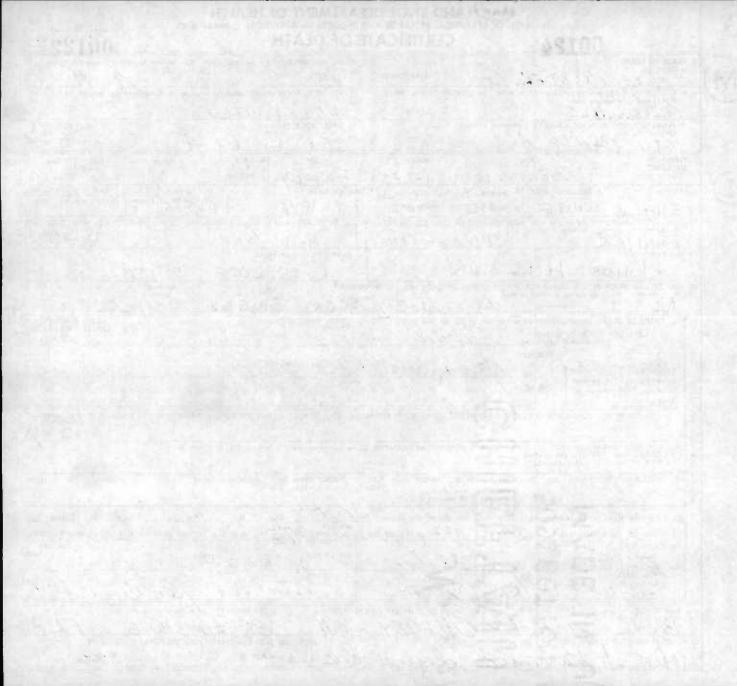
THE RESERVE AND THE PARTY AND profitmed styles were made and the mind of a remarked that he are serviced damen or desired 22-12-51 From the will a 122 to treferal (since the strang, the strang, the strang, the strang, the strange tit, like the strange tit, the s Richard Touch Krune Front on the

at director, be filed with Poge 4 G PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter TO HOSPITAL OR ATTENNING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer may be retained by the retained by the retained by the retained by the complete of the compl

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 0019%

	00124		CERTIFICA	ATE OF D	EATH			001	22_
1. PLACE OF DEATH a. COUNTY	ARUNDEL	Co.	MARYLAND	a STATE	DENCE (Where		If institution: Re COUNTY	esidence before adr	mission)
RURAL ond give	(If outside corporate limit nearest town) ULLE	s, write c. LENG	6 mo.	c. CITY OR, T	I ER	ide corporate lim	nits, write RURAL	ond give nearest to	own)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, gi	ve street oddress)		d. STREET A	DDRESS Bo	× 68	A	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	GERT	RUDE	Middle IFELE!	U FNF	DY	DATE OF DEATH	Month	Doy	Yeor 1962
FEMALE	6. COLOR OR RACE	7. MARRIED N	DIVORCED	9-1-1	896			nths Days Hou	
FARME	TION (Give kind of work dorking life, even if retired)	CHICK	BUSINESS OR INC	em >	15w)	YORK	1	2. CITIZEN OF WHA	S A
3. FATHER'S NAME	us HiL	LMAN	5	G	ERT	SUDE	Webu	SA	
5. WAS DECEASED EV	/ER IN U. S. ARMED FORG	16. SOCIAL S rvice) 064- 2	26613	OSCAR	Eu	JEDY	Address	BOUE	
	EATH [Enter only one con EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	use per line for (o).	(b), and (c).]	aloris				INTERVAL ONSET A	BETWEEN ND DEATH
Conditions, if gove rise to couse (o), statin lying couse last	g the under-	Caro	inoma	of the	CV a	WY .		12.	-2416
PART II. O	THER SIGNIFICANT CON	DITIONS CONTRIBL	JTING TO DEATH B	UT NOT RELATED TO	THE TERMINA	L DISEASE CON	DITION GIVEN II	N PART 1(o) 19. W. PE YES	RFORMED?
	VAS UNDERLYING AG CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter noture o	of injury in Por	t I or Port II of i	tem 1B.)		
20c. TIME OF INJU Hour o. m p. m	. 10	While _ No		PLACE OF INJURY (factory, street, office		20f. (City or tow	vn)	(County)	(Stote)
	nat (I) (this hospital ased alive an			death accurre	196 d at 75M	_ 1.10		1962, that (I	
220. SIGNATURE	Cany Y.	ORes	lely	M.D. ATTENDIN	G MED.	CTOR PHY	FF /S. 🗆	1/6/62	22b, DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	RY 7. 0 /	ERLIK	y mi	22d. ADDR	Entra	l Crop.	Glen	Bumie,	md.
23a. BURIAL, CREMAT REMOVAL (Specif	(y) /-10-	-62 CI	ALVARY	OR CREMATORY		ST. PET	eity, town, or co	26 F	Stote) -LA.
14. FUNERAL DIRECTO	S Fara	neo-	Leverna	Buck	25a. REC'D E	N 9 '62		IN'S SIGNATURE	,



VS A1S (4) 1SM 9/SB

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
	OFFICIO A TE	OF DEATH	

Lindon Li	00125	CERTIFIC	CATE	OF DEATH	1		Reg. D	ist. No.	1117	33
a. COUNTY Anne Am	undel	MARYLAN	0	Maryland	ere decease	b. COUNTY	on: Reside		e admissi	ian)
b. CITY OR TOWN RURAL and give to	(If outside corporate limits, write nearest tawn) orge G. Meade	c. LENGTH OF STAY IN 1	b c.	CITY OR TOWN (IF a	utside corp	orate limits, write R	URAL and	give near	rest tawn)
	ITAL (If not in hospital, give street H ARMY HOSPITA		d.	Box 288						IDENCE FARM? NO 🔀
3. NAME OF DECEASED (Type or print)	First DE AND	A DEN	ISE	ENGLISH	4. DATE OF DEATH	Mor		Day 2	0	Year 19 6
Female	Cau WIDO	RRIED NEVER MARRIED [OF BIRTH 27 Jan 196		9. AGE (In years last birthday) yrs.	Months Months	R 1 YEAR Days	Hours 22°	R 24 HRS
during most at wa	ION (Give kind af wark dane 10 rking life, even if retired)	b. KIND OF BUSINESS OR IN		Maryland		cauntry)	12. CI1	USA		OUNTRY
	Crowe English		D	elores Ann	_					
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORM Mothe		88 Je	essup, Md.			Щ	
	DUE TO any, which immediate to the under.	Ine tor (a), (b), and (c).] Ayaline membra Prematurity	ne di	sease				ONSI	RVAL BET ET AND 19 h:	DEATH
TO ACCIDENT W	HER SIGNIFICANT CONDITIONS AS UNDERLYING 206. DI	CONTRIBUTING TO DEATH					EN IN PAI	RT 1(a) 19	PERFO	RMED?
OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Haur a. m. p. m.	Whi		PLACE OF factory, str	INJURY (Hame, farm eet, affice bldg., etc.	, 20f. (Cir	y ar tawn)	((Caunty)		(State
21. I certify to alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the deceded 28 Jan 62 , 19 T. A. COOK JR	and that de	ath accu	Kimbroug	ADDRESS (/ ///	d an th state) al	e date	stated	abave E SIGNE
	22b. DATE THEREOF	Kimbrough Kimbrough	Hring Hring	ATORY Y Hosp	22d. LOCA	TION (City, town, Company)		IGNATUR	(Stote	0)

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forage part				nh anni
			oten i ogn	- 270
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of Promot	T. T. L. Val.			
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	Den Agent	-		
note:			II and ton a cross	as I fall
		e and the N		
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. Wante, Wo.				
			200-7	

Items

PLACE OF DEATH

Anne Arundel

a. COUNTY

be retained to the State Bo with the e 5 nd 2 7. 2. de Give Poge executed within acid in Hem. 18. Gir buriol-fransit pern pencil in l hief Medical Examiner's should be used as "burial, erre Sho CTOR: DIREC designoted

execute the case should be 170 FUNERAL I 0 VS. ATSME 5M 2/57

b. CITY OR TOWN (Il outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Linthieum Minutes Noth Linthieum d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Pond off of Nursery Road YES NO Mampton Road NAME OF First Middle 4. DATE Year DECEASED OF DEATH James (Type or print) Frederick Evans JR. Jan. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IFUNDER TYFAR IF UNDER 24 HRS Months Male Dea White WIDOWED [DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) West Virginia Student USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FreddieJ. Evans Katherine Blevins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) no Mr. F. J. Evans, same as 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (o) **DUE TO** Conditions, If ony, which gave rise to immediate cause DUE TO (a), stoting the underlying, cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES T NO 200. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Was walking on ice - when the ice broke, and he fell CAUSE OF DEATH. Month, Doy, Year 20d. INJURY OCCURRED Re. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while ot work at wark Pond Old Annapolis Rd. Md. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry . and in my opinion death resulted from: Natural couses Accident X. Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S H. Faubert, M. D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. 22d LOCATION (City, town, or county) (State) 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR alling S. Thous

F1 MARY LAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND

Rea. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Md.

b. COUNTY

Mr. J. L. Savane, enteres en 2 The state of the s

the State Bo may be retained 2 with the State death. in pencil in Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may be burial-transit permit. File pages 1 and 2 with noval, and in any event within 72 fipera-afti KAMINER: This certificate should be executed within 24 hours after or removal, and in any Chief Medical Examiner's Office along be used as a burial-transit "pending" cremation, writing the word l bluods please execute the certificate, writin 4 should be forwarded to the Chit TO FUNERAL DIRECTOR: Page or its designated agent, prior to bu TO DEPUTY ME

00127MEDICAL EXAMINE	
Anne Arundel Marylan	
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) Gibson Island 12 hrs.	X Glen Burnie
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Gibson Island Country School	413 Magnolia Road YES NO N
NAME OF First Middle DECEASED (Typa or print) Lillian Marie	Fetsch Jan. 30, 1962
Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED PARTY	July 16, 1920 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work lone during most of working life, aven if relired) PBX Operator Bank FATHER'S NAME	Baltimore, Maryland U.S.
Joseph Rainey 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Ifyesgive werordatasofservica) 16. NO	Emma Akers 17. INFORMANT Harry E. Wright Same as 2d
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation	INTERVAL BETWEEN
Conditions, if eny, which gave rise to immediate cause	
(a), stating the underlying DUE TO cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPS PERFORMED?

20c. TIME OF INJURY FOUND 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)

factory, street, offica bldg., etc.) Not While Md. Pasadena A.A. at work In automobile at work Inspection X. X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion

Suicide X Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Gustave H.

Faubert M.D. Address (Straet, city, town, or county) Glen 22d. LOCATION (City, town, or country) 22c. NAME OF CEMETERY OR CREMATORY

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify) 2-2-62 Burial oudon Park

Baltimore, Maryland

1-31-62

240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR GlenBurnie DAIFEB 5 Circhary S. Kraus

VS. AISME

Hod for permial deader mentile thinks were stoned sink markets THE USER OF THE WIND WINDS OF THE PARTY OF T E. H. Banderow, error Line Land Super Control of Mary Street Line 11.3. to as sand digital . T. owner on 24 named and property of professional feetings of professional little feetings of January least with thought the work with a country that had a gains all the wife land we all of the land of the one galacter? The Marchan Handredon THE CHECKE H. PARRET L. D. COLLEGE CO. L. C. L. And the second s MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NO TH

PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

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The state of					
				an energy	
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190		37.35	11. PX 18		
			a free 4		

the funeral

TO HOSPITAL OR F INDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 to be sined by the hospital or attending physician.

TO FUNERAL LACCIOR: After this certificate has been signed by the attending physician and completely filled if the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exent, within 72 hours after death.

VR A15 15M 7/61

after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00127 00129

1. PLACE OF DEATH				2. USUAL RE	SIDENC	E (Where de	ceased lived, If	Institution: Residen	ce before edmission)
a. COUNTY	Anne Arund		MARYLAND	e. STATE	Mary:	land	b. COUN	Anne Ar	rundel
	foutside corporate limits give nearest town)	s, c. LE	NGTH OF STAY IN 16	c. CITY OR	TOWN (If	outside corpo	orate limits, write	RURAL and give	neerest town)
Anna	polis			10	Anna	polis			
d. NAME OF HOSPIT	AL OR INSTITUTION (if	not In hospitel, g	ive street address)	d. STREET A	DDRESS '				IS RESIDENCE ON A FARM?
Anne Arunde		dospital			111	Smith	Ave.		YES NO NO
3. NAME OF DECEASED	First		Middle	Last		4. DATE OF	Month	Dey	Year
(Type or print)	Jesse		1	FISHER		DEATH	Januar	ry 1	19 62
5. SEX	6. COLOR OR RACE	7. MARRIED TI	NEVER MARRIED	B. DATE OF BIRTH		9.		IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	White	WIDOWED	-	January 4	. 18	86	76 yrs.	Months Deys	Hours Min.
Oa. USUAL OCCUPATI	ON (Give kind of work	10b. KIND OF	BUSINESS OR INDUST				foreign country)	12. CITIZEN C	OF WHAT COUNTRY?
done during most of wo	rking life, even if refired	2.51V Q	cadeny		Mary:	land		U.	S.
13. FATHER'S NAME			T	14. MOTHER'S	MAIDEN N	IAME			
CHARL	ES HF	-ISHE	R	FIDE	FNC	· F	GDA	V	
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO. 17.	INFORMANT	6/1	1	Address	1	
(Yes, no, or unkown) (I	yes give were rdetes of se	rvice)	m	no Pau	0 C	Dr	inlea	vy (2	
18. CAUSE OF D	EATH Enter only one	cause per line for	(a), (b), end (c).)						TERVAL BETWEEN
	H WAS CAUSED BY:	Coal	1. 2. / H	1m 11-1	1-10	11		V	NSET AND DEATH
1 4 4	IMMEDIATE CAUSE (0)_	cen	win in	MILLEN	rereg				~ cury
	3 DUE TO	p +	- 1	11	A .	, ,1			
Conditions, if any	, which (b)	mili	hers clu	MIC	CIL	1266	slas		
geve rise to immedi	ete cause		1	,					
(e), steting the use cause lest.	nderlying DUE TO	C	Mous	man					hrs.
Z PART II. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUT	TING TO BEATH BUT NO	OT RELATED TO TH	E TERMIN	AL DISEASE	CONDITION GIV	EN IN PART 1(e)	
6								- 63300	PERFORMEO?
5									YES NO A
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCURE	D. (Enter neture of i	injury in Po	ert I or Pert II	of item 1B.)		
3 20c. TIME OF INJU	- 1	- 1204 MILLIDY	OCCURRED 20e. PL	ACE OF INJURY (H		1 206 ICin	an Anum)	(County)	(State)
Hour e.m.	RY Month, Dey, Yea			tory, street, office b			or lown)	(County)	(31616)
Hour e.m.	19		et work	. ,					
	hat (I) (MENGONGERO)	El) attended t	he deceased from	AL A	1	062/10	Jan.	11. 162.	that (I) (Way last
								-	
saw the deceas	ed alive onJa	Hite Hite	19.96, and tha	t death occure	d at Th	··· My TENT	the causes	and on the d	ate stated above
22. SIGNATURE	· 21/	0		ATTENDING		ED.	STAFF		22b. DATE SIGNED
1 Han	nu OK.	inn	ans .	A.D. PHYS.	X 01	RECTOR [PHYS.	1	/12/62
22c, PHYSICIAN'S NAME (Type)	37	77.7	M. D.	22d, ADDR					26.
	Maurice	Klawans,	M.D.	31 5	outh	gate A	ve., Anr	napolis,	Md.
23e. BURIAL, CREMATI		EOF 23c.	NAME OF CEMETERY	OR CREMATORY		23d. 10C	ATION (City, to	wn or county)	(State)
REMOVAL (Specify)	Alana 1	4-19/1	acton B	1.11 P.	1	11		el.	mel
vanna	Jury,	2 1107	eller i de	up Les	M	D BY STORE	my 2	PLCO	TIME
24 FUNERAL DIRECTOR	SSIGNATURE	Sun ()	ADDRESS MACIO	27901 -	Zoa, REC'	D BT REGIST	1KAK 256, REC	GISTRAR'S SIGNA	NIOKE
Boom 15	· vayar		79 0000	1200	DATE JA	1 1 6 '6	2 1 0	Thur S. The	MA

CS DIR Tellings, Early 1995 and Market 1995 Later Date of Pennish Sans TO SEE LEE LEE Vicente della 11 Manual Very Land Committee 1.0.0 Se de Company Man and IKA has taken to the property and the

NAME OF CEMETERY OR CREMATIORY

LING OK

ADDRESS

ATIONA

DAMN 2 3 '62

ANNE ARUNDET

18

Days

US

. IS RESIDENCE

YES NO X

1962

IF UNDER 24 HRS.

Year

Hours

ONSEL AND DEATH

PERFORMED?

NO T

(Stelle)

22b. DATE

(Stele)

SIGNED

YES

(County)

JAN

U.S. N.VAL HOSPITAL, ANNA, MD.

23d/LOCATION (City, town or county)

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Cirthur S. Thrace

ON A FARM?

FUNERAL rector, page 3 0.53

VR A15 (4) 1SM 7/61

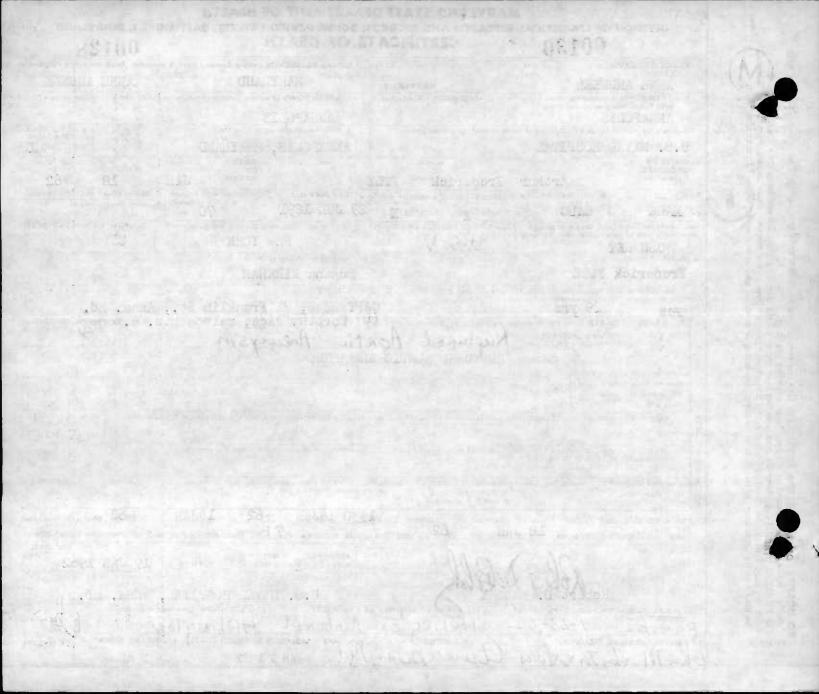
NAME (Type)

REMOVAL (Specify)

BURIAL

23a. BURIAL, GREMATION, | 23b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH				2. USUAL RESIDEN			Residence before ed	mission)
	امام		MARYLAND	o. STATE Marvlan	_	B. ltimor	e Cit.v	3/
b. CITY OR TOWN (del if outside corporata limits	, с	LENGTH OF STAY IN 16		(If outside corporete lie)
write RURAL end	give nearest town)		l vear			2.10		
Crownsvil	LE TAL OR INSTITUTION (if	8	mos 23 day	d. STREET ADDRESS	re	300	I o. IS RES	IDENCE
G. NAME OF HOSFI	TAL OK INSTITUTION (II	nor in nospite	i, give sireel eddress;				ONA	FARM?
Crownsvi	lle State Ho	spital		808 W.	Lexington	Street	YES	NO X
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Dey Yeer	
(Type or print)	Cha	rles	L	Fosque	DEATH	1	25 196	2
5. SEX	6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRTH		(In yeers IF UNDER	1 YEAR IF UNDER 2	24 HRS.
36.2				D 05		irthday) Months	Deys Hours	Min,
Male	Negro	WIDOWED [December 25,		yrs. 12 Cl	ITIZEN OF WHAT CO	OLINTRY
	rking life, even if retired		OL BOSINESS OK INDOS					ZONIKI
Janitor		-		Maryla	nd		U.S.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN		0	,	
Un	known / Jan 16	25	tosal P	linimote n	Lowise	SNOWED		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCE	ES? 16. SO	CIAL CURITY NO. 17.	INFORMANT		Address	-	
(Yes, no, or unkown) (I	fyes give werordetes of se	rvice) 27	7-03-2970 H	Hospital R co	rds			
	EATH [Enter only one			e			I INTERVAL SETV	WEEN
	H WAS CAUSED BY:						ONSET AND DE	
	IMMEDIATE CAUSE (+)_	Ur	emia					
121	DUE TO							
Conditions, if eny	, which \ (b)	Dehve	dration and	Senility				
geve rise to immed	iete ceuse							
(a), stating the u	inderlying							
) (c)_	IONS CONTR	BUTING TO DEATH BUT N	OT RELATED TO THE TERM	UNAL DISEASE CONDI	TION GIVEN IN PA	PT 1(a) 19 WAS AL	ITOPSY
D PARI II. OTHER							SCIENCE	TALL SET
Old Myoc	ardial Infa			n Syndrome du			C10 YES N	10 X
1 20a. ACCIDENT W	AS UNDERLYING [20b. DESCRI	BE HOW INJURY OCCURE	D. (Enter neture of injury in	Pert I or Pert II of item	18.)		
IF EITHER, NOTIFY	MEDICAL EXAMINER)							
ZOC. TIME OF INJU	JRY Month, Day, Yea	r 20d. INJ	URY OCCURRED 20e. PL	ACE OF INJURY (Home, far	rm, 20f. (City or tow	rn) (Co	ounty) (5	Stete)
20c. TIME OF INJU	//	While _	The state of the s	ctory, street, office bldg., el	c.)			
- Print	19	-	at work	= /=	/0 3	IOF	60	
21. I certify 1	that (1) (this haspite			5/5				
saw the decea	led alive of 101	1.1/25		it death occured a3:	45M, from the	causes and on	the date stated	above
22e. SIGNATURE	. / // //)	11-11					DATE
Nul	shel His	his 1	1194	M.D. PHYS.	MED. STA		1/25/	/62 m
22c. PHYSICIAN'S	1	11	111	22d. ADDRESS			, , ,	
NAME (Type	Lionel	McH-m	Mapp, M. d	Crownsvi	lle State I	lospital,	Maryland	
				7				1-1
23e. BURIAL, CREMAT	ION, 236. DATE THERE	2	TONY OF CONETERY	THE CREMATOR	Parlit	Wity, town or con	La (Sie	110)
Buria	1/30/6	100 1	11/ Lucia	and leave	1 nucle	7 7/6	13	
24 FUNEBAL DIRECTO	R'S SIGNATURE		ADDRESS	2Se. R	EC'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
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director, be filed with PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR PYEND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained to an attenting physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shouthe State Board at Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	00132	CERTIFICA	IE OF DEATH	0	0130
	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where decea	sed lived. If institution: Resident	ce before admirtion)
	b. CITY OR TOWN (If autside carporate limits, write RUBAL and give nearest town)	c. LENGTH OF STAY IN 16	CITY OF TOWN IF outside con	porate limits, write RURAL and	give nearest tawn)
	d NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	el Hospito	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) A DEPLEY	Cl Middle	Tuller 4. DATE OF DEAT	1	Day Year 14 1967
	Januale Cal widow		2-26-1908	9. AGE (In years lost hirthdoy) yrs.	1 YEAR IF UNDER 24 HRS. Doys Haurs Min.
	to. USUAL OCCUPATION (Give, kind of work done 10b. Buring, most of working life even if retired)	KIND OF BUSINESS OR INDU	Marylan	country). 12. CITI	15 A.
	3. FATHER'S NAME John Wil	liams	14. MOTHER'S MAIDEN NAME	gnes B	reen
1	S. WAS DECE (SED EVER IN U. S. ARMED FORCES? Yes, "DO (or) unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	llian Julle	r.E. Lacorti	tor McC
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Acidosis and Coma		INTERVAL BETWEEN ONSET AND DEATH 3days
	Conditions, if thy, which gave rise to immediate (b)	Unregulat	ed Diabetes Mellit	us	6 months
	couse (o), stating the <u>under-lying cause last.</u> DUE TO (c)		ve Sclerotic Disea		10 years
	PART II. OTHER SIGNIFICANT CONDITIONS	444			1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or P	ort II af item 18.)	
	Haur a.m. While	. 1	ACE OF INJURY (Home, farm, 20f. (C ctary, street, affice bldg., etc.)	ity ar tawn) (0	Caunty) (State)
	21. I certify that (I) (this hospital) attended saw the deceased alive an Januar		February 12, 19 57, to death accurred at 10pm, from		62, that (I) (we) last date stated above.
	220. SIGNATURE Theorie &	11	M.D. ATTENDING MED. DIRECTOR [22b OATE SIGNED
	22c. PHYSICIAM'S NAME (Type) Theodore H. Jo	hnson, M. D.	22d. Appress Dean Stre	et, Annapolis,	Maryland
	3g. BURIAL, CREMATION, 23b. DATE THEREOF	Davids	R CREMATORY 23d. LOC WYLLE DO	ATION (City, town, or county)	e alla
1	runeral director's signature	ADDRESS	250. REC'D BY REG.	7 62 Cartan	

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00200	Neg. Dist. No.
1. PLACE OF DEATH O. COUNTY ANIVE ARVNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b CLEN BUTNI'E	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GlenBurnie, Md.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Oak wood Road	d STREET ADDRESS O A FARM? YES NO 1
3. NAME OF DECEASED (Type or print) CHRISTINA MAGDALE	NA FUNKE DEATH Jan 26 1962
WIDOWED DIVORCED	8. DATE OF BIRTH 7-23-1882 9. AGE (In years lost birthdoy) 79 yrs. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during host octobring file even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) AUSTRIA U.S.A.
Joseph Kauten Do	orothea unknown
	lter Funke Route 1 Box 34 GlenBurnie, Md
171119 COUSE 1051.	Thrombosis interval between onser and death on
KLCUME TO I'R OVT	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter nature of injury in Part 1 or Part 11 of item 118.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ctory, street, affice bldg., etc.)
ACTUAL SIGNATURE SO SEPH TRIFP M.	ADDRESS (Street, city or town, stole) D. GLERBUTME, 1962, Mol. D. GLERBUTME, 1962, Mol.
220. BURIAL, CREMATION, 22b. DATE THEREOF, 19 22c. NAME OF CEMETERY O Glen Have	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE Wm, Cook, Inc. 1217 St. Paul St.	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be retained by the may be retained by the place of the certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shot the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion, 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside parparate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS I recent del 310 NAME OF 4. DATE DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8. DATE OF SIRTH 9. AGE (In years last birthday) WIDOWED | 10-07-0 DIVORCED [угз. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME moy Poges 5 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT . Address [If yes, give yar or dates of service] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. So used 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) factory, street, office bldg., etc.) 4.05 p.m. -While Not while 3 at work at work 21. I certify that Leok charge of the remains described above, held an Autopsy ... Inspection , death resulted from: Natural causes Accident 1. Suicide Homicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 forworded to ASSISTANT MEDICAL EXAMINER **EXAMINER'S** cute the DEPUT DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREO! 22C-NAME OF CEMETERY OR CREMATORY 22d. ŁOCATION (City, town, or county) EMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5) 8 winny S. Hines 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

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12. CITIZEN OF WHAT COUNTRY?

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OF TOWN (If passide corporate limits, write RURAL and give nearest town) RURAL and give nearest town) MA d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO PA NAME OF Middle DATE Manth Year DECEASED (Type or print) 10415 B DEATH 1962 6. COTOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Days WIDOWED [DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHATEOUNTRY? or foreign country) ame 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. While Nat while at wark at wark p. m. 19 62 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram... The saw the deceased alive an. Land that death accurred at LAM, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING MED.
DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. MDCATION (City, town_or_county)

ADDRESS

250. REC'D BY REGISTRAN DATE AN 2 2 62 25b. REGISTRAR'S SIGNATURE

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The Design of the second of the second Date of the Structure of the second Lines Cel market and a service of the Thank The will family the Co. 774 District State of market Creditile They were the self again that a Commandation me Survey 1-25-62 Thomas Plane of Care of the State of the The little world the second of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH . COUNTY b. COUNTY Anne Arundel MARYLAND Same Same b. CITY OR TOWN (if oulside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Glen Burnie Since 1929 Same Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS d 3 to the funerand to 3 to the funerand for the State But Route] Box 290 Same 3. NAME OF First Middle 4. DATE Last Month DECEASED OF (Type or print) DEATH 2 with the James Glass January 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers last birthdey) pue A hours after of Pages 1, 2, and M3. Page 5 m pages 1 and 2 within 72 hours WIDOWED [DIVORCED [16 195 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) done during most of working life, even if relired) PM3. Pa pages 1 Retired laborer Baltimore Md. 13. FATHER'S NAME Give it. File povent 16. SOCIAL SECURITY NO. | 17. INFORMAL SATES IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. (Yes, no. or unknwn) | (If yes give wer or detectiservice) " in pencil in Item 18. Office along with for a burial-transit permit. Mr.Carl Glass (brother) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: Coronary Occlusion AMMEDIATE CAUSE (a) certificate should be removal DUE TO Conditions, if env. which (b) "pending" gave rise to immediate cause 10 writing the word "pending" to Chief Medical Examiner's Page 3 should be used as a reto burial, cremation, or re DUE TO (a), steting the underlying cause last. CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) icate, the C factory, street, office bldg., etc.) Hour a.m. While Not While et work et work prior forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER please ex. 4 should be ... 6 FUNERAL Din. 4 designated # ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Gustave H. Faubert, M.D. Addr 1. 22b. Date thereof | 22c. Name of Cemetery or Crematory NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) OI 1962 Cedar Hill Cemetery Jan Burial 23. FUNERAL DIRECTOR ADDRESS VS. A15ME

2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) . IS RESIDENCE ON A FARM? YES NO Veer IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH Sudden PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY PERFORMED? K ON (County) (State) Inquiry X and in my opinion Undetermined manner DATE SIGNED Glen Burnie, Md. 22d. LOCATION (City, town, or country) ery Baltimore 25 Maryland JAN 1 5 '62 arthur & Kings Glen Burnie Md. 5M 9/60 Hopping DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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STATISTICAL RESEAR ON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arumdel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Annapolis days RURAL - Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital Skidmore Area. YES NO NAME OF 4. DATE Month Yeer Middle Last DECEASED OF (Type or print) DEATH 19 62 Jannie GREEN January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH AGE (In years IF UNDER 24 HRS. IF UNDER 1 YEAR ast hirthday) Months WIDOWED T DIVORCED Female Negro 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) dona during most/of working life, even if retired) ADO U.S.A Marvland 13. FATHER'S NAME MOTHER'S MAIDEN NAME ARMED FORCES? (If yes give wer or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (e), ONSET AND DEATH IMMEDIATE CAUSE (0) Conditions, if eny, which gave rise to immadiate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e, PLACE OF, INJURY (Home, farm, 20f. (City or town) (County) (State) factory, greet, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 21. | certify that (I) this hosbird attended the deceased from. 1962, and that death occurred at. saw the deceased alive on Jan.M, from the causes and on the date stated above, SIGNATUR ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS NAME (Type) 69 KE Richardson. 110 Clay St., Annapolis, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spacify) 24 NUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 162 Chiling & Krous

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1	0139	CERTIFICATE	OF DEATH

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1.	PLACE OF DEATH	2	USUAL RESID	ENCE (Where dece		lution: Residenc	e before edm	ission)
	ANNE Arundel Co. MARY	LAND	e. STATE Mar	yland	b. COUNTY	Hone	House	121
1	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) Brooklyn	AY IN 16	./	N (If outside corpore	ta limits, writa RUI	RAL end give n	eerest town)	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddre	ress)	d. STREET, ADDRE	55 /	1. 1	1	e. IS RESID	
	4104 Ritchie Hwy.		4109	1/1/0	1.15 41	4	YES NO	
3.	. NAME OF First Middle DECEASED (Type or print) Webston		Last	4. DATE OF DEATH	Month	Dey	Yeer 10 6	52
-	Webster		Griebel		CE (1- 11-11-1	INIDED I VEAD	19 O	
3	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		ATE OF BIRTH		AGE (In yeers IF L and birthdey) yrs.	onths Deys		Min.
10	Do. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 10ne derive most of working life, ever it retired)	NDUSTRY	11. BIRTHPLACE (C	Just & State, or lor	eign country)	12. CITIZEN OF	F WHAT COU	JNTRY?
15	3. FATHER'S NAME CALMS. G.	14	MOTHER'S MAID	O I ME	Alia	18/2		
	5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Yes, no, or yakown) (Ifyesgivewarordetesofservice)	O. 17. INF	ORMANT		Address		150	
	140	F	amily			Same		
	18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO	orard	ial Deg	enerate	·~		ERVAL BETWE SET AND DEA 2	
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ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT R	ELATED TO THE TER	RMINAL DISEASE CO	NDITION GIVEN I		PERFORM	OPSY NED?
CERTIFICATION	20e, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURED. (E	nter neture of injury	in Pert I or Pert II of	item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED While Not While P.m. 19 et work et work		OF INJURY (Home, street, office bldg.,		r town)	(County)	(Sta	ite)
	21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on			19.5.6 io				
	220. SIGNATURE Albertal	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. D	DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) A.C. SOLLODA	2	707 E	Forta	re- Bc	et.	30, U	rol.
2.	REMOVAL (Specify) Bullal 236. NAME of CE	EMETERY OR	-	23d. LOCAT	City, town of	or county)	(State)
2.	Funeral Director's Signature ADDRESS McCully Funeral Homes 130 E.Fort A	ve. #3		JAN 5 '62		RAR'S SIGNAT		

he funeral TO HOSPITAL OF AT NDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 m be and by the hospital or attending physician.

Yes a completely filled in the standard by the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the standard permit.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00140 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion, Reg. Dist. Na 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside cornecte limits write \$118At c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS prior PUNDE UNKNOWA NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH 5. SEX 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE FUNDER TYPAR last birthday) Months WIDOWED [DIVORCED yes. 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges FLONA 5 S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if one, which) gove rise to immediate couse **DUE TO** (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19, WAS AUTOPSY 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour White Not while a. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry Natural causes 1. Accident Suicide . Hamicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S 1.15,62 DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, town, or county) MOVAL (Specify)

VS. A15ME(5) 5M 9/55

0

24a. REC'D BY REGISTRAR

24b, REGISTRAR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

1962

YES NO

IF UNDER 24 HRS.

INTERVAL BETWEEN

PERFORMED? NO V

DATE SIGNED

(State)

Day

15

8

HOSE AMERICAN EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B

DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
00141	CERTIFICATE	OF DEATH		00139

	. PLACE OF DEATH			e. STATE	ICE (Where de	ceased lived, If II b. COUN		esiden	e petore e	dmission)		
		ne Arundel	MARYLAND	75 AV	vland		Anne A	rur	ndel			
	b. CITY OR TOWN (if o write RURAL and gi	uts corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orate limits, write	RURAL and	give r	neerest tov	rn)		
-	Annapol:	is	10 days	X Ed.	gewater							
3	d. NAME OF HOSPITAL	L OR INSTITUTION (if n	ot in hospitel, give street address)	d. STREET ADDRESS						A FARM?		
1	Anne Arundel	General Ho	snital							NO 🗌		
	3. NAME OF	First	Middle	Lest	4. DATE	Month		Dey	Yaa	ſ		
	(Type or print)	2 11	MITMERED	HALL	OF DEATH	Ta		,	10	10		
-		Ruth	NUTTER	B. DATE OF BIRTH	10	AGE (In years	F UNDER 1	VEAR!	IF UNDER	62 24 HRS		
	J. JEA	S. COLOR OR RACE 7.	MARRIED NEVER MARRIED	b. DATE OF BIKIT		last birthday)		eys	Hours	Min.		
	Female	White	VIDOWED DIVORCED	Aprel 4, 190	04	57 yrs.						
	IOa. USUAL OCCUPATION done during most of working		106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	inty & State, or	foreign country)	12. CITI	ZEN O	F WHAT	COUNTRY?		
	School Tea		Jr. High	Marylan	nd			U.S	5.			
1	13. FATHER'S NAME		1000	14. MOTHER'S MAIDEN			1	-				
1	W-2	Week & am		Carrie I	Derri	ckson						
1-	Melvin M.D. 15. WAS DECEASED EVER		S? 16. SOCIAL SECURITY NO. 17.	INFORMANT	o. Della	Address						
	(Yes, no, or unkown) (Ifye		ice)			Addiess						
=	no	no		spital recor	rds					-		
			usa per lina for (a), (b), and (c).)	D /	-				ERVAL BE			
		WAS CAUSED BY: MEDIATE CAUSE (a)	Me. Purulling	Ven Carry	Mis			1	006	un		
	733	DUE TO	. 1	0		,				0		
	Conditions, if any,		milum	n arga	man	~						
	gava rise to immediate	ceuse		7.								
	(e), steting the und	erlying DUE TO										
	cause lest.) (c)	ONS CONTRIBUTING TO DEATH BUT N	OV BUILD TO THE TERM	INIAL DIFFACE	CONDITION CIVI	CALINI DADY	1(-) 1	0 14/45	LITORCY		
2	PART II. OTHER S PLUM 20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	IGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	ONDITION GIVE	IN PARI	(0)	PERF	RMED?		
~	3 Khumm	Rhimmore Mant allegas 1. min & harre Strong homenly throwis IN NO 1										
	20a. ACCIDENT WAS		Ob. DESCRIBE HOW INJURY OCCURE	D. (Enter netura of injury in	Pert I or Fert II	of itam 1B.)		44				
	(IF EITHER, NOTIFY M											
	20c. TIME OF INJURY	Month, Day, Yaar		ACE OF INJURY (Homa, far		or town)	, (Cour	ity)		(Stata)		
	20c. TIME OF INJURY Hour e.m.		ALIIIIA TAOL ALIIIIA	ctory, street, office bldg., et	(c.)							
	21. I certify that (I) (MOCONSMA) attended the deceased from Dec. 24,, 1961, to Jan. 3,, 1962, that (I) (MOC) last											
	saw the deceased alive on Jan 3, 1962, and that death occurred at											
	2 a. STOMATURE	. 21	10	ATTENDING	MED.	STAFF			221	SIGNED		
	11/6111	WILL OK	Shurans.		DIRECTOR	PHYS.		1/	15/62	310110		
	22c. PHYSICIAN'S			22d. ADDRESS								
	Maurice Klawans 31 Southgate A.e., Annapolis								d.			
-	23a. BURIAL, CREMATION					ATION (City, tow				itete)		
	REMOVAL (Specify)											
-	Burial	Jan. 7,196				apolis,		ICNIA	TIIDE			
	24 FONTRAL DIRECTOR'S	SIGNATURY	ADDRESS				Inthung 2	- 4 -				
3 6	Hopping Fun	eral Home	Annapolis. Md.	DATE	JAN 8	02	Arrang A	, , , ,				

after tineral

TO HOSPITAL OF A NUMBER PHYSICIAN: The law requires that the death certificate be executed within 24 of death. Page 4 m be a fined by the hospital or attending physician.

To funeral Directors. After this certificate has been signed by the attending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 strength be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after of the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after of the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after of the filed with the State Dept. of Health prior to burial, cremation, or removal, and it is not seen to be se

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00142 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY e. STATE Anne Arundel MARYLAND Maryland Anne Arundal
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Pasadena P.O Pasadena P.O. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers. Pag in 72 hours a 47 Woodholme Circle Woodholme 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthdey) Months WIDOWED DIVORCED June physician remove 10s. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if retired) Maryland Retired- Structural steel Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 Then (Yes, no, or unkown) | {Ifyesgivewerordatesofservice} Mrs. Nellie G. Hillary-47 Woodholme Circle signed by the 217-03-1208 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYCCARDIAL INFARCTION (b) HYPERTENSIVE ARTERIOSELECOTIC CARDIOVAS. DISEASE. geve rise to immediate ceuse DUE TO (a), stating the underlying certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) tained by 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ' 20f. (City or town) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from APRIL 1957 to JAN 1962, that (I) (we) last saw the deceased alive on DEC 5 1961 and that death occurred 430AM, from the causes and on the date stated above. 22e. SIGNATURE arthur Jank DIRECTOR PHYS. death. Page 4

TO FUNERAL

director, page 5

be filed with th PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typo) ARTHUR LANKFORD JR. PASADENA, MD MOUNTAIN 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

VR AIS (4) 15M 7/61

24 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Burial

Woodlawn Md REGISTRAR'S SIGNATURE

(County)

e. IS RESIDENCE

YES NO

U. S. A.

Pasadena P.O.

ONSET AND DEATH

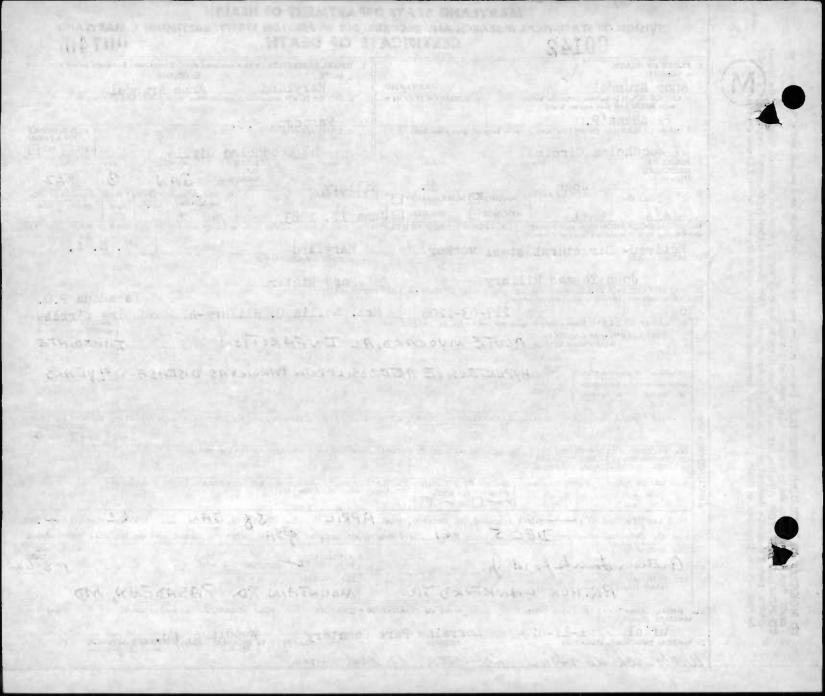
PERFORMED? NO F

(Stete)

22b. DATE SIGNED

TMMEDIATE

ON A FARM?



by the funeral urs after TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 4 the state by the hospital or attending physician. TO FUNERAL DESECTOR: After this certificate has been signed by the attending physician and completely filled by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05345

1. PLACE OF DEATH	H		2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission b. COUNTY							
	ne Arundel	ND a. SIAIE	a. STATE D. C.							
b. CITY OR TOWN	if outside corporete limits,	1 1b c. CITY OR TO	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)							
La	wrile RURAL and give neerest lown) Laurel, Md. 3yr.ll mo.			Washing bony 2.0						
District Children	d. NAME OF HOSPITAL OR INSTITUTION (Anot in hospitat, give street address) District Training School Children's Center			648 Kenilworth Terrace N.E. STRES ON A						
3. NAME OF DECEASED	First	Middle	Last	4. DATE	DATE Month		Dey Year			
(Typa or print)	Sand	lra Jean	Hillman	DEAT		uary 22	1962			
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)					
Female	Negro v	IDOWED DIVORCED	3/9/53		8 yrs.	Months De	ys Hours Mi			
Institution	ION (Give kind of work prking life, even if retired)	10b. KIND OF BUSINESS OR INC		ington, D	_	12. CITIZE	N OF WHAT COUN			
13. FATHER'S NAME			14. MOTHER'S M							
Thomas	s Lee Hillman	1	Ruth	Geneva Ma	rshall					
	ER IN U.S. ARMED FORCES		17. INFORMANT		Address					
(Yes, no, or unkown)	children's Center, Laurel, Md.									
Conditions, if any gave rise to immed (a), stating the ucause last.	iate ceuse	Aspiration Mental ret Inanition	n - pneumon	1a			2 days			
Z PART II. OTHE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?									
ATI	Arrested pulmonary tuberculosis									
OR CONTRIBUTING	AS UNDERLYING [] 20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCC			t II of item 18.)		YES NO			
20c. TIME OF INJU Hour a.m. p.m.	at work at work									
	21. I certify that (I) (this hospital) attended the deceased from 2/28/58, 19, to 1/22/62, 19, that (I) (we) lass saw the deceased alive on 1/22/62									
margart W, mola M.D. ATTENDING MED. STAFF DIRECTOR PHYS. Jan							1.22,1962			
22c. PHYSICIAN'S NAME (Type	22c. PHYSICIAN'S NAME (Type) Margaret W. Mola, M.D. 22d. ADDRESS Children's Center, Laurel, Md.									
230. BURIAL, CREMAT REMOVAL (Specify)	100, 236. DATE THEREO	1 = = == 1.	Metery or CREMATORY	23d. 10 D T	S Laure	wn or county)	d, (State)			
24 FUNERAL DIRECTO	SIGNATURE SWALL	& aut Vini	1 /1 2 400	TE MAY 3 1	100	SISTRAR'S SIC				

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Secretary of the control of the cont

18. Let 1-25 62 DTS constern DTS Lavely Md.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 110141 00143

A	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne Arundel
	b. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
1	Annapolis	10 Annapolis
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
1	Anne Arundel General Hospital	704 Wells St. YES NO X
Æ	3. NAME OF First Middle	Lost 4. DATE Month Doy Year
	DECEASED	OF
	(Type or print) Emerson	HOLLAND DEATH January 29 1962
X	5. SEX 6. COLOR OR RACE 7. MARRIED XNEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
	Male Negro WIDOWED DIVORCED Ja	anuary 17, 1907 55 yrs. Months Days noons
1	10a. USUAL OCCUPATION (Give kind of work 10b. MIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (County & Slate, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	done-during most of working life, even if retired)	Maryland U.S.
H	13. ANHER'S NAME	Mary Land U.S.
1	(2)	
	Benjamin Hollina	Mamil Ximms
1	15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. AT. (Yas, no, or unknown) (Ifyes give wer or dates of service)	NFORMANT Address
-	1 10	la Dalland - Uningh alia Mit.
T	18. CAUSE OF DEATH [Enter only one cause per line to (a), (b), end (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- Processor ONSET AND DEATH
	For I	
1	Conditions, if any, which	sende
1	Conditions, if eny, which gave rise to Immediate cause	
1	(e), steting the underlying DUE TO	
	cause last. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	5	YES X NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. I[IF EITHER, NOTIFY MEDICAL EXAMINER]	(Enter natura of injury in Part I or Pert II of item \$8.)
1	OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	
- 1		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
		ory, streat, office bldg., etc.)
	p.m. 19 et work at work	
ł	21. I certify that (I) (phochesolat) attended the deceased from	
1		death occured at
1	22e. SIGNATURE	2:00 AM 22b. DATE
	lery 1. Clas	ATTENDING MED. STAFF PHYS. A DIRECTOR PHYS.
1	22c, PHYSICIAN'S	22d. ADDRESS
1	NAME (Type) Aris T. Allen. M.D.	62 Cathedral St., Annapolis, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY	OR CREMATORY 228. OCATION (City, town op county) (Slate)
1	Bureal 2-2-62 Vyrape	als flek lightapolis, Ad.
	24 FUNERAL PHINCTOR'S SIGNATURE	250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
1	Villiam Soese 16- arraps	Le. MAN 30'62 Virthus & Practice

he funeral and 2 should TO HOSPITAL OF A NDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 m b lined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 land 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any evapt, within 72 hours after death. 15M 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND

	00144 MED	ICAL EXAMINERS	CERTIFICA	IE OF DEATH	1111142
1. PLACE OF DE	ATH				nstitution: Residence before edmission
ANNE AR	IINDET.	MARYLAND	Maryland	b. count	Arundel
b. CITY OR TO	WN (if outside corporate limits,	c. LENGTH OF STAY IN 16	to a second to the second of the	(If outside corporete limits, write	
	L end give nearest town)			. ×	
GLEN BU		of in hospitat, give street eddress)	d. STREET ADDRESS	urnie /	I e. IS RESIDENCE
G. NAME OF H	DOFTINE OR INSTITUTION (II NO	or in nospital, give street eddress)	4.1		ON A FARM?
708 Big	die Road		NEW XIX AND	experd 708 Bi	ddle Rd YES NOT
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Year
(Type or print)	T.OT.A	MAE	HOOD	DEATH	7 1962
5. SEX	I COLOR OR BAGE!	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years	
Wamala				last birthday)	Months Deys Hours Min.
F'emale	White White W	VIDOWED DIVORCED 1	June 22,19	942 19 yrs.	1 12. CITIZEN OF WHAT COUNTRY
done during most of	of working life, even if retired)		II. BIKINFEACE (SIBIR	or foreign country)	12. CHIZEN OF WHAT COUNTRY
Denta	l Assit	Dentist	Balt	Lmore, Md.	USA
13. FATHER'S NA	AE		14. MOTHER'S MAIDEN	NAME	
), D	orice Hood		Norma	Strieb	
15. WAS DECEASE	DEVER IN U.S. ARMED FORCES		NFORMANT	(17 Address	Burnie, Md.
no no unkowi	n) (If yas give wer or dates of servi	Mr.	. James Pe		t Circle.
	OF DEATH [Enter only one cau		· Ocumen I	TIA, DID WELL	I INTERVAL BETWEEN
	DEATH WAS CAUSED BY				ONSET AND DEATH
07 0	IMMEDIATE CAUSE (e)	Drowning			
10	DUE TO				
Conditions, if	eny, which (b)				
	nmediate cause DUE TO				
(e), stating the	ha undarlying				
_	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTOPSY
PART II. CO	THE SIGNIFICANT CONDITION				PERFORMED?
5		epsy (Clinical)			YES NO
PRIMARY P	AL CAUSE WAS 206.	DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pe	rt I or Pert II of item 18.)	
		owned in bath tub	- Most likel	v due to epile	otic seizure
ZOC. TIME OF		20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	m, (20f. (City or town)	(County) (State)
20c. TIME OF		1 50	ory, street, office bldg., at		A Amandal Md
			Home		A.Arundel Md.
21. I certif	y that I took charge of the	he remains described above, he	- Individual -		and in my opinion
death result	ted from: Natural cause	es , Accident X, Suic	ide , Homicide	Undetermined ma	nner
	1		CHIEF MEDICAL	EXAMINER A	
ACTUAL	(Kungell	St show	ASSISTANT MEI	DICAL EXAMINER	DATE SIGNED
SIGNATURE	- Comment		DEPUTY MEDICA	AL EXAMINER	
EXAMINER'		FISHER			1-8-62
22a. BURIAL, CREM		22c. NAME OF CEMETERY OF		city, town, or county) 22d. LOCATION (City, town,	
REMOVAL (Sp	ecify)			07 D	
Buri		Glen Haven	Memortal	Glen Burni	e, Md.
23 FUNERAL DIRE	CTOR	ADDRESS	RE RE	C'D BY REGISTRAR I 24b. REGI.	STRAR'S SIGNATURE

Cinner S. Thomas

IO DEPUTY IN TAXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AfSME 5M 9/60

23. FUNERAL DIRECTOR

Hopping and Kirkley, Glen Burnie, Md.

We have account and was to the state of वर्षा । अवस्तु । अवस्तु । THE LATER OF TWINGS WILL Congress to rain mark The state of the same of the Clan Burnie, Mi. Administ and thereby, olam Burgla, 18. Text

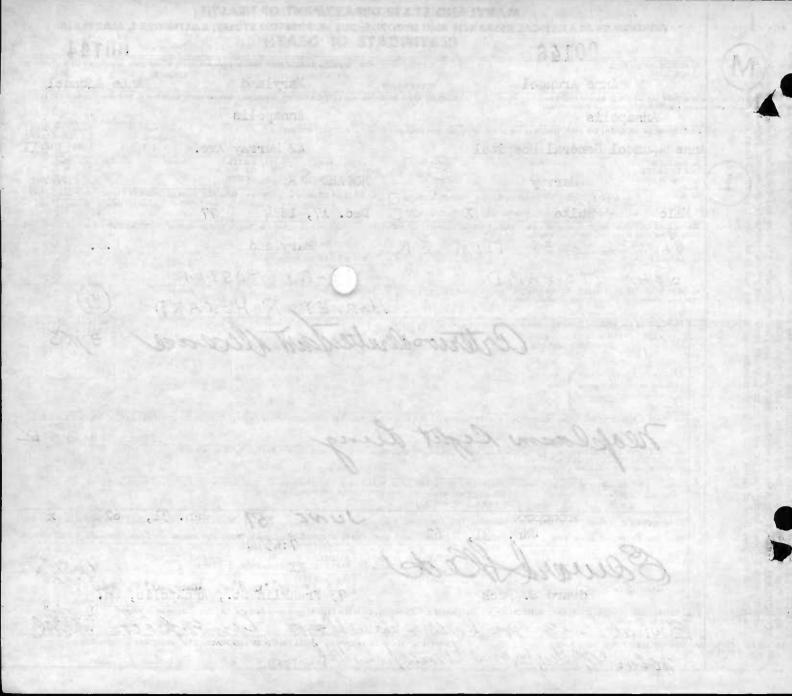
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution, Residence before admission) e. COUNTY b. COUNTY Anne Arundel County MARYLAND Marvland Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerast town) b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Ferndale Ferndale affi d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Tieman Circle 1523 Tieman Circle YES NOW completely papers. 3. NAME OF 4. DATE Middle Month DECEASED OF DEATH (Type or print) 19 Edwin Hopkins Samue] Jan. 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) and Months Devs Hours WIDOWED DIVORCED Male White March 6. 1884 certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) Clerk - Retired Revere Brass & Copper Annapolis, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please . = attending and Edward Honkins Florence Brooks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Then noval, (Yes, no, or unkown) | (If yes give war or detes of service) the Johanna C. Hopkins 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH P PART I. DEATH WAS CAUSED BY: physic IMMEDIATE CAUSE (a) signed DUE TO Conditions, if any, which peen gave rise to immediate ceuse DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate PERFORMED? NO . Ö 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) F OR CONTRIBUTING [] CAUSE OF DEATH for (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY factory, street, office bldg., atc.) While Not Whila Hour e.m. at work at work TOR: 19.0 that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from... 19.6 and that death occured and 30M, from the causes and on the date stated above. saw the deceased alive on. State 22b. DATE 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. O HOSPITAL death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) TO Loudon Pk. Cem Baltimore. Maryland Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

VR A15 (4) 15M 7/61

		DED A DESAFRIE	OF THE ALL
MARVIAND	STAIR	DEPARTMENT	OF REAL
MINER I PERMITE	0 1 7 1 m	B-11 1-410 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

TH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH DUTAA

	00145					1111 34		
1. PLACE OF DEATH				E (Where decessed		ni Residence before edmiss		
e. COUNTY	nne Arundel	MARYLAND	e. STATE Mary	land	b. COUNTY AT	nne A_undel		
b. CITY OR TOWN (i	if outside corporate limits.	c. LENGTH OF STAY IN 16				and give neerest town)		
	give nearest town)		1/A Anna	polis				
Annapo		in hospital, give street address)	, d. STREET ADDRESS	POTTS		e. IS RESIDEN		
			11			ON A FAR		
	General Hosp	pital	42 M	urray Ave	•	YES NO		
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Yeer		
(Type or print)	Harvey	H.	HOW ARD SR	DEATH	/	3/ 1962		
5. SEX		AARRIED NEVER MARRIED 6	B. DATE OF BIRTH		(In years IF UNDE	R 1 YEAR IF UNDER 24 H		
Male	2.22 2.1	DOWED TO DIVORCED	Dec. 17, 188	s arm other	birthday) Months	Days Hours Mir		
10a. USUAL OCCUPATI	***************************************	1Db. KIND OF BUSINESS OR INDUSTI				CITIZEN OF WHAT COUN		
	rking life, even if retired)	DB. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (County	y & Siele, or foreign	(Country)			
(LUMB)	ERTIET	TLUMBER	Maryla	and		U.S.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	Stall Ear			
DOHN	HOWAR	D	MARY	HUSTI	N			
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	/	Address			
(Yes, no, or unkown) (I	fyes give we ror detes of service	(a)	ARVEY, T.	D Haw	ARD	(2)		
I to Green on b	DI WINTER OF THE PARTY OF THE P		MINVEI	1. 170W	7 KU	I INTÉRVAL BETWEEN		
	/	per line for (e), (b), and (c).]	47	-11.		ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cribrio derute dearl flipe ase 3 /25							
4-7	O DUE TO	00000	4-1001	0.00				
Conditions, if any	0 4-							
geve rise to immedi	iete ceuse							
(e), stating the u	nderlying DUE TO							
cause last.) (c)							
Z PART II. OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDI	ITION GIVEN IN PA	PERFORMED		
nea nea	In mam	Reght de	ena,			YES NO		
E 2De. ACCIDENT W		DESCRIBE NOW INJURY OCCURE	O. (Enter plure of injury in P	ert I or Pert II of iter	m 18.)			
OR CONTRIBUTING	MEDICAL EXAMINER)	0	//					
	1	2Dd. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, ferm,	. ' 20f. (City or toy	wn) ((County) (State		
20c. TIME OF INJU	AT MOINI, Day, Teer		tory, street, office bldg., etc.)					
	17	at work et work				7.0		
21. I certify t	hat (I) (HIS PROSPITAL)	attended the deceased from.	JUNE, 1	87, to J	an. 31,	19.62 that (I) (Xe)		
	sed alive on Jan		t death occured at			n the date stated ab		
22e. SIGNATURE	1	11/20	7:4	5 AM		22b. DA		
100	200001 /	14/20 0/1	DILLING STATE OF	IED. ST.	AFF	1/0,51		
100	works	THUCK!	A.D.	KECTOK PH	13.	1/31/6		
22c. PHTSICIAN'S NAME (Type)	772		22d. ADDRESS	. 611		363		
	Edward S. E	Beck	//3 FrankL	in St., A	nnapolis	, Md.		
23a. BURIAL, CREMATI	ON, 236. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or co	unty) (Stete)		
PENTOVAL (Specify)	1 2-3-19	12 Podar 12	ull Comit	1 km	about	in mid		
24 FUNERAL DIRECTOR	E'S SIGNATURE.	ADDRESS (The state of the s	D BY REGISTRAR	25V. REGISTRAR	'S SIGNATURE		
A - P	m Vaulas	Suas Amaka	1. MA	- 500	67 43	n 10		
John	of, ougus	- CVIIII PE	DATES !	5 '62	aring ,	S. Thomas		
U								



DIVISION OF

MARYLAND STATE DEPARTMENT OF HEALTH

ALTIMORE 1, MARYLAND

STATISTICAL	RESEARCH AND	RECORDS, 3	OT W. P	KESTON	STREET, B
0147	CERT	IFICATE	OF D	EATH	

00147	CERTIFICATE	OF DEATH		11145
1. PLACE OF DEATH	1	2. USUAL RESIDENCE (Where		sidence before edmission)
A LOUNTY	MARYLAND	a. STATE	b. COUNTY	Co.
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	porete limits, write RURAL end	give neerest town)
write RURAL end give neerest town)		XAI B a	1.0	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	nitel give street address)	d STREET ADDRESS	16	. IS RESIDENCE
0- 110 11 11 11	/	110 . 46. 1 . 6	11	ON A FARM?
3. NAME OF First	M: 10	112 - 41" Hve, Si	<i>w</i> .	YES NO
DECEASED	Middle	OF	Month	Dey Yeer
(Type or print) ANNA	H	utchko DEAT	WANGERY O	28 1962
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers UNDER 1 Y	EAR IF UNDER 24 HRS. Bys Hours Min.
Female White WIDOWE	D DIVORCED -	6.12-1889	72 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, o	r foreign country) 12. CITIZ	EN OF WHAT COUNTRY
House Wife		PollANd	6	(·).H.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
UNKNOWN		GNKNO	WN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	NFORMANT ,	Address Uth	Ave.
(Yes, no, or unkown) (Ifyes give wer or detes of service)	IONE CO	orge Flutchk	n- 3/9/1	Repuis no
18. CAUSE OF DEATH [Enter only one cause per l		1 /4/ 6.11	c plen k	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1 1 1	-1. +		ONSET AND DEATH
manustrate exose (0)	1-01 /-100	70 24		17852
DUE TO		1 . 1/2 1	0 '	1,54
Conditions, if eny, which geve rise to immediate cause	perlmsisp (Pardio-Vascula	V 1150250	19 PAYS
(e), steting the underlying DUE TO				WILL THE
ceuse lest. (c)				L. 10 MAS ALITORSY
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	PERFORMED?
				YES NO .
	CRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Part	Il of item 18.)	
	for all a	CE OF INJURY (Home, farm, 20t. (C ry, street, office bldg., etc.)	Ity or town) (Coun	(State)
Hour e.m. While		, , shoot, office brogs, star,		
21. I certify that (I) (this hospital) atten	ded the deceased from	1946 1946	Jan 28 196	2. that (I) (we) las
saw the deceased alive on 12m.				Venns.
22e. SIGNATURE	A	dean occurso dix.mz.m, no	11 110 00000 0110 011 111	22b. DATE
1901 4		ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S	M.I	22d. ADDRESS		1-22-6
NAME (Type)				
236. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	DR CREMATORY 23d 10	CATION (City, town or county)	(Stete)
REMOVAL (Specify)	1-1-1 - 111 al	unch Comotory Alle	al and	Pa.
Dariel SAN. SI-17CA	TO WOUND CALL ON	11111	TRAR 25b. REGISTRAR'S SI	GNATURE
24 FUNERAL DIRECTOR'S SIGNATURE	the paine		70	1
Sing eton tuneral Home-	WIEN DARNIE	ma DATE JAN 30'	62 centur S.	/ CLAUMIS

the funeral TO HOSPITAL OF A Lined by the hospital or attending physician, death. Page 4 received by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 15M 9/60

10 to \$1. THE LIME A James march of the hardet and the sale Hutthe The almoster the F. 12-1889 72 Fringle Liberta men I and a second String small HERNOWN No RE Person to the Hotel Bank Told Bereil Som grote get to the about the about the growth and the 240) crev Fine as them are the section of the

SIGNED

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certificate

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 00149

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Re	sidence before edmission)
AAAnne Arundel MARYLAND	Maryland 6. COUNTY An	a Hound
b. CITY OR TOWN (if outside corporate limits, prije RURAL and give neerest town)	c. CITY OR TOWN (If ourside company thinits, write RURAL and	give nearest town)
Linthicum 18 m.	Linthicum	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
207 Suparnone 8t.	207 Sycamore Road	YES NO
3. NAME OF DECEASED 7 First Middle	1 Last 4. DATE Month	Day Yeer
(Type or print) tarre Cosive d.	Saac DEATH Jan 18	1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH (8) 9. (GE (In years IF UNDER 1 Y	
WIDOWED N DIVORCED	Mar 1 - 1886 Z yrs. Manths De	eys Hours Min,
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
done during most of working life, even if retired)	Baltimore and.	J.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Man Co Roberts	Lause T Knighton	
TS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	MFORMANT Address .	
(Yes, no, or unkown) (If yes give were release of service)		
None H	orceon space - on	Me DETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)-] PART I. DEATH WAS CAUSED BY:	Λ	ONSET AND DEATH
IMMEDIATE CAUSE IS CANCED - VIARCE	ula Muesse	4-2 de-
DUE TO O . C .		
Conditions, if ony, which (b) Chateled - DE	elesoses	101/2
gave rise to immediate cause DUE TO		
(e), steting the underlying cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		YES NO X
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in Part I or Pert II of item 18.)	THE LI NO ME
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 1 20b. DESCRIBE HOW INJURY OCCURED OR OF THE O		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (Count	ty) (Stete)
at week at week	trory, street, office bldg., etc.)	
	194210 1/18 196	that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 12		
	deeth occured ate. Z. May from the causes and on the	22b. DATE
Chas. L. Ball Jr.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	8/62 SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	•
NAME (Type)	Linthicum me	·
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d, LOCATION (City, lown or county)	(State)
Burial 1/22/62 Woodlawn C	emetery Baltimore, Mar	yland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	IGNATURE
Ellsworth Armacost-4600 Liberty Hghts.	Ave. DATEJAN 2 4 '62 Chilling 8. 1	Trave
The state of the s		

the funeral permit. Then please remove carbon papers. Pages Fand 2 or removal, and in any event, within 72 hours after death retained by the hospital or attending physician.

**RECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages The law requires that the death certificate be executed within to burial, cremation, prior the State Dept. of Health TO FUNERAL TO HOSPITAL death. Page 4 director, page to VR A1S (4) 15M 7/61

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1 2 TIME 0.3.5 Prompted orrest to Harry C. Kolovie Supplied on the same of the same nith at the second that the se all of the court was a line of

TO HOSPITAL OR AL

VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

n n	1150		CERTIF	ICATE	OF DEATH	1		1	Mi	148	
1. PLACE OF DEATH o. COUNTY		54	MARYL		USUAL RESIDENCE (W	here deceased	b. COUNTY		ce befo	re admiss	ion)
b. CITY OR TOWN (If ou	itside corporate lim	nits, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF	outside corpo		URAL ond	give ne	arest town	1)
Glan Runni			20 years	X	Same						
d. NAME OF HOSPITAL OR INSTITUTION 201 Second		give stree	et address)	1	d. STREET ADDRESS						FARM?
3. NAME OF		irst	Middle		Last	4. DATE	Mon	ith	Do	у	Yeor
(Type ar print) S	William	X. J	efferson			OF DEATH	Januar	y 15th	n.		19 62
S. SEX 6.		1	RRIED NEVER MARRIE	D 🔲 8. D	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			-
M	W	WIDOV	WED DIVORCED		0/14/1857		104 yrs.	Manths	Days	Hours	Min.
10o. USUAL OCCUPATION during most of working	Give kind of work	dane 10t	. KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITI	ZENO	F WHAT C	OUNTRY
Retired Pain			Contract		Baltimor			US	SA		
13. FATHER'S NAME				1.	4. MOTHER'S MAIDEN	NAME					
William J					Nettie C	lark					
1S. WAS DECEASED EVER IN (Yes, no, or unknown) (If ye	U. S. ARMED FOI is, give war or dates of		6. SOCIAL SECURITY NO.	17, INFOR	MANT		Add	ress			0 11
	No		220-14-5206	Mrs	. Elsie Mc	Gowan,	daught	er)			As #
	[Enter only one of WAS CAUSED BY:		line for (a), (b), and (c).]							ERVAL BE	
11 pm 1M	MEDIATE CAUSE ((a) GE	neral Arter	iosler	cosis		15.00	(Over	: 3 y	•
750.0	DUE TO	0									
Conditions, if any,	ediate	b)	Bronchial	Asthma				(Over	: 3 y	
couse (o), stating the lying cause last.											
		(c)	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	AINAI DISEASI	CONDITION GIV	/FN IN PAR	T 1(a)	9. WAS	AUTOPSY
CATIC									(-,	PERFC	NO 3
20g. ACCIDENT WAS L OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	1	ESCRIBE HOW INJURY OC	CURRED. (E	nter noture of injury in	Port I ar Pari	I II of ifem IB.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	Whil			OF INJURY (Home, far , street, affice bldg., el		or town)	(0	County)		(Stote
21. 1 certify that (l) (this haspite	al) atter	nded the deceased	fram	January 2 1	958 , taJ	anuary 1	5the	62 11	nat (1) (we) las
			th 19_62, and								
22a. SIGNATURE	215		n h		ATTENDING					22	b. DATE SIGNEI
2000	ine/Atr	arch	estrul.	M.D.	PHYS.	MED.	STAFF PHYS.	1	/16,	/61	310112
22c. PHYSICIAN'S NAME (Type)			and the second		22d. ADDRESS						
Gustave	H. Faube	ert,	M.D.		Glen Burr	110,Md.					
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THERE		23c. NAME OF CEME	TERY OR CE	REMATORY	23d. LOCAT	TION (City, town,	or county)		(Stat	re)
Burial 1	8th Jan.	1962		dge M	rmorial Pa		Howard	Coun:		Md.	
24. FUNERAL DIRECTOR'S S	GNATURE		ADDRESS			C'D BY REGIST	RAR 2Sb. REGI	STRAR'S SI	GNATU	RE	
necking 1:0	- Composition	0	Glen Bur	nie,	Md. DATE	N 1 7 '6	2 0	that &	Harr		

Reserved to the state of the st Margarette State of Service State of the Sta . W. E. Tarrell Security States of the second

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TO HOSPITAL OF CITENDING PHYSICIAN: The law requires that the death certificate be executed within gours after death. Page 4 a retained by the hospital or ettending physician.

IO FUNERAL DescROOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, end in any event, within 72 hours after death.

15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)						
	a. county Anne Arundel Marylant	a. STATE Maryland b. COUNTY Anne Arundel						
	b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1							
	Annapolis 2 months	X RURAL - Annapolis						
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS						
1		Rt_1 Box-38 ON A FARM?						
	nne Arundel General Hospital	Rt-4, Box-38 YES NO X						
	DECEASED	OF TOTAL TOT						
1	Rachael	JOHNSON January 12 17 02						
1 3.	7. MARGED [NEVER MARKED [B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.						
	Female Negro WIDOWED X DIVORCED	18-2-1895 D8 yrs.						
d	De. USUAL OCCUPATION (Give kind of work per during most of working life, even if refired)	STRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	etired Horisonyle	Maryland U.S.						
4	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
4	William childred	Belly Dorler						
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT						
	110	esiah Gharder Brownswort						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebra Vas cue	la Cecedent 2100						
	DUE TO .							
	Conditions, if only, which \ (b) / fy men tence	ve Cardiovas cular Durand years?						
	gave rise to immediate cause							
	(e), steling the underlying cause last.							
Z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY						
ATIO		PERFORMED? YES NO XX						
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCU	RED. (Enter nature of injury in Pert I or Part II of item 18.)						
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
CAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.)						
WED	Hour a.m. While Not While et work st work							
	21. I certify that (I) INDCRESSED attended the deceased fro	m. Nov. 13, 19 61 to Jan. 12, 19 62, that (1) (XX) last						
	saw the deceased alive on Jan. 12, 1962, and the	hat death occured at						
	22e. SIGNATURE	7:30 PM 22b. DATE						
	Muy // (ller	M.D. PHYS. MED. STAFF SIGNED						
	22c. PHYSICIAN'S	22d. ADDRESS						
	NAME (Type) Faye W. Allen, M.D.	62 Cathedral St., Annapolis, Md.						
23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. JOSATION (City, town or county)						
1	Bundle 1-16-1962 Broada	neck stillargarets all						
27	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE						
1	VILLIAM BEESE # (PARAM	Mar DATE JAN 17'62 arthur & Krays						
YA	and the state of t	400						

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ON STREET, BALTIMORE 1, MARYLAND 00152 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY MARYLAND CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN de corporete limits, write RURAK and give negrest town write RUR Hand give negrest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle DAT Day DECEASED OF (Type or print) DEATH 19 OR RACE 7. MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR DATE OF BIRTH last birthday) Months Hours 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retized WAS DECEASED VER IN U.S. ARMED FORCES Address (Yas, no, or unkown) | (If yes give werordetes of service) 18. CAUSE OF DEATH [Enter only ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED | factory, street, office bldg., etc.) While Not While Hour e.m. et work et work bospital) attended the deceased from......196.2, and that death occured at 12.3M, from the causes and on the date stated above. 22b. 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

NAME OF CEMETERY OR

ADDRESS

23c.

CREMATORY

DATHAN

LOCATION (City, town or county)

250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

attending certificate 95 0 use for After DIRECTOR: plnods death. Page 4 filed v O je VR A15 (4)

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23e. BURIAL, CREMATION, 23b.

JUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

articular de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya del companya de la companya del companya de la co Like with market the bright the bright to be broad to Glan Burne (RFD) Com Burne (RFD) Solley State of the Solley Sol (1) Me c White 1 A. 4. 51/88279 -A.B. W. Bralynal . D. A. A. Contilled of A. B. Con Maryland . U.S. A. blaited with towards meanded bladinger No word Let 12 7519 Mrs But he stichkowsh - Elm Brisight A.S. C. V. D. 10 years State of the state with the state of CEARL HILL, no STERVIGITAIN WE FIREWARD Burnet 13 Jan. 1862 Coder Hill Com. Brookly n. R. D. MADVIAND STATE DEPARTMENT OF HEALTH

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	00153	3		CER	TIFICA	TE OF	DEATH		
1. PLACE OF DEATH		N	Item		ARYLAND	O CTATE	ESIDENCE (When	e deceased liv	red. If

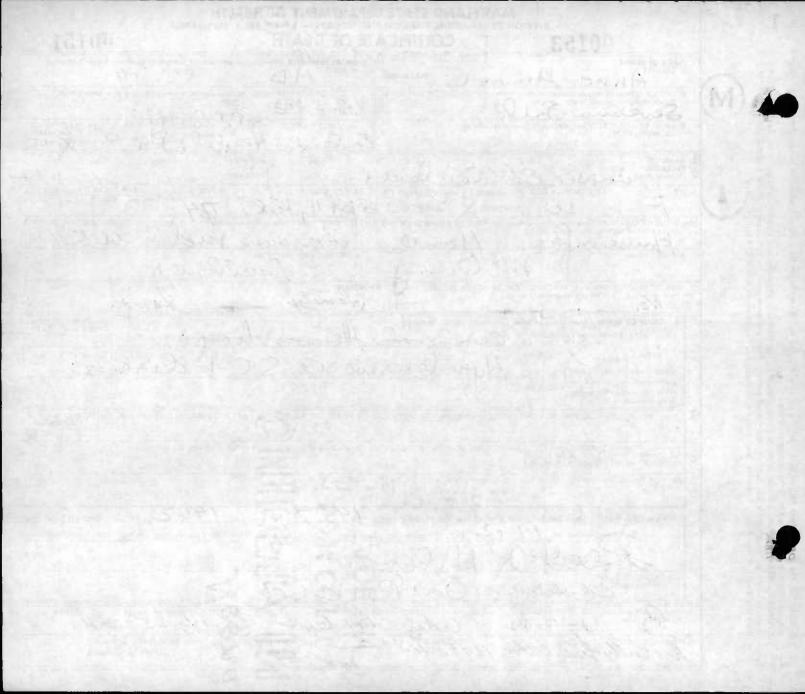
1. PLACE OF DEATH	on)
o. COUNTY ANNE Armed & C, MARYLAND O. STATE MD. b. COUNTY aq	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NONe d. STREET ADDRESS ON A YES	DENCE FARM? NO
DECEASED OF	ear 9 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED SEPT 11, 1887 9. AGE (In years lif UNDER 1 YEAR IF UNDER 1) Moniths Doys Hours	Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign county) 12. CITIZEN OF WHAT CO	OUNTRY?
13. FATHER'S NAME MC Quoes 14. MOTHER'S MANDEN NAME Faul Rues "	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or usknown) (If yes, give wor or dates of service) (16. SOCIAL SECURITY NO 17. INFORMANT Address	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the under. DUE TO	
Iying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOI YES	RMED?
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 20d. INJURY OCCURRED While at wark 19 at wark 19 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) factory, street, office bldg., etc.)	(Stote)
21. I certify that (I) (this hospital) attended the deceased from. 22. I certify that (I) (this hospital) attended the deceased from. 23. I certify that (I) (this hospital) attended the deceased from. 24. I certify that (I) (this hospital) attended the deceased from. 25. 7. 19 to 40. 2. 19 that (I) (this hospital) attended the deceased from. 26. Signature 27. In the first of the causes and on the date stated 28. Signature 28. ATTENDING 29. DIRECTOR STAFF PHYS.	
22c. PHYSICIAN'S Severner Down 22d. ADDRESS NAME (Type) Severner Down 22d.	
23a. BURILA, EREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Specify) 1-4-62 Cedar 14:11 6 m. 23d. LOCATION (City, town, or county) (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE 130E. For Land 250. REC'D BY REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S SIGNAR'S S	

of director, be filed with h. Page 4 NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

may be retained the Spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fipage 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shouthe State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR AT VR A15 (4) 15M 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH

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TO DEPUTY

ALL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute rife certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0155 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	MEDICAL EXAMINER'S	CERTIFICAT	E OF DEATH	00153			
	PLACE OF DEATH •. COUNTY			nstitution: Residence before edmission)			
	Anne Arundel Maryland	•. STATE Same	Same	Y			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write	RURAL and give neerest town)			
	Odenton 35 v.	Same					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?			
2	Box 28 Old Telegraph Rd.	Same		YES NO			
	R. NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year			
	(Type or print) Peter M. Joze		DEATH -	6th. 1962			
1	6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years				
	M WIDOWED DIVORCED	2/88	8 76 VII	Months Days Hours Min.			
	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State	or loreign country	12. CITIZEN OF WHAT COUNTRY?			
	Retired merchant NETIRED	Lithuania		USA			
	3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	001			
	?	?					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Il yes give wer or detea of service)						
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		ONSET AND DEATH Sudden				
	DIFFTO	/ & X		- Januari			
	Conditions, if eny, which (b)						
1	geve rise to Immediate cause (a), steting the underlying DUE TO						
1	cause last. (c)						
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?			
				YES NO .			
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Port II of item 18.)						
- 10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AL PERFOR YES NOT						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Power of the control of the contro						
1	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion						
1	death resulted from: Natural causes X Accident Suici	nner 🗍					
Г	death resulted from: Natural causes Accident Suicide , Homicide , Undetermined manner						
ACTUAL SIGNATURE A CAUDERON ASSISTANT MEDICAL EXAMINER []							
1	EXAMINER'S Gustave H. Faubert, M.D		EXAMINER 1/6/62				
2	20. BURIAL, CREMATION, 22b. PATE HEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or coupley)						
L	BURIAL 1/10/62 BALTO-NATIONAL CENTETERN FERBURIER RE NEW						
1	23 JUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE						
1	there W. Aschaushan 637 Wast	OF STATE	JAN 9 '62 C	Lithur L. Krans			
Phys							

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RESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) . COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Annapolis Annapolis filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Anne Arundel General Hospital 635 Chase Ave. papers. n 72 hou completely 3. NAME OF 4. DATE Month Middle DECEASED OF (Type or print) DEATH EATHERBUR January James physician and co AGE (In years | IF UNDER I YEAR | 6. COLOR OR RACE 7. MARRIED TY NEVER MARRIED B. DATE OF BIRTH last birthday) Months Male WIDOWED ! DIVORCED September 14. 10a. USUAL OCCUPATION Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country) Marvland WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate causa DUE TO (e), stating the underlying has the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 1962 to Jan. 10, 1962, that (1) 10%) last ECTO 21. I certify that (I) (NOKONOWAX) attended the deceased from Marks 10 saw the deceased alive on Jan. 10, 19.62, and that death occured at M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING MED STAFF PHYS. DIRECTOR PHYS. reduce FUNERAL PHYSICIAN'S 22d. **ADDRESS** NAME (Type) Richard I. Hochman. M.D. Franklin St., Annapolis, Md. director, be filed 23a. BURIAL, CREMATION | 23b LOCATION (City, town or county)

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE

Year

IF UNDER 24 HRS.

INTERVAL BETWEEN

PERFORMED? NO TAX

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U.S.

(County)

256. REGISTRAR'S SIGNATURE

ON A FARM? YES NO NO

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MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1/17/62 . PLACE OF DEATH USUAL RESIDENCE (Whara dacaasad livad, If institutions Rasidanca before admission a. COUNTY a. STATE Anne Arundel Anne Aruhdel Mary land MARYLAND 90 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 writa RURAL end give nearest town) Annapolis Pasadena 8 days d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO C Circle Road, Long Point Anne Arundel General Hospital 3. NAME OF Middla 4. DATE DECEASED OF (Type or print) DEATH LOWE January 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH last birthday) and Months February 26. WIDOWED DIVORCED 1895 Male 66 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired U.S. ase death ple 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Den : Estero soleros y gave risa to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? hospital 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER After 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, ! 2Df. (City or town) (County) (State) Month, Day, Yaar factory, straat, office bldg., etc.) While Not Whila at work at work CTOR: 22a. SIGNATURI ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. O HOSPITAL death. Page 4 page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edith Rodler. M.D. 45 Franklin St., Annapolis, Md. ector, i 23c. NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF MOVAL (Specify) dir. OH 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE BY REGISTRAR VR A15 (4) JAN 5

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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00159 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Keg.	DIST.	No.	0 0	27	- 1	W	4

	o. COUNTY	PAL RESIDENCE (Where deceased lived. If institution: Residence before admission) TATE b. COUNTY				
1	MARTLAND MARTLAND	MARY MAN ANNE HRUNDA				
X	b. CITY OR TOWN III outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. C. and give nearest lown)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	O denion	Several				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	TREET ADDRESS ON A FARM?				
1	The state of the s	e R BOX271 lelegRAPS KO YES INO BY				
	3. NAME OF First Middle	Losi 4. DATE Month Day Year				
	(Type or print) Addie how,	MAN DEATH JANUARY 1 1962				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE C	I had brief don't				
	FEMALE WHITE WIDOWED DIVORCED 8	APRIL 1919 42 yrs. Months Days Hours Min.				
11	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 1 during most of working life, even if retired)	SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Л	Machine operator National Pladics	NORTH CAROLINA U.S.A.				
	13. FATHER'S NAME	THER'S MAIDEN NAME				
	NAelie Whilson	DORA HOWELL				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	Charles Clark- Same AS				
	MR	Charles CARK- 2				
F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL SETWEEN ONSEL AND DEATH				
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) FRACE	ured Stull Sudden				
	825 X DUE TO					
	Conditions, if any, which) (b)					
	gove rise to immediate cause					
	(o), sloting the underlying cause lost.					
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF C	PERFORMED?				
	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Enter note					
	PRIMARY Or CONTRIBUTING O CAUSE OF DEATH.	ile Amident				
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF IN	JURY (Home, form, i 20f. (City or town) (Caunty) (State)				
	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED 20e. PLACE OF IN While of work at work at work	office bldg etc) Constant ARB MA				
N.	21. I certify that I took charge of the remains described above, he	d on Autopsy , Inspection , Inquiry , and in my				
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	opinion deoth resulted from: Notural couses , Accident ,	uicide, Homicide, Undetermined monner				
	ACTUAL /	HIEF MEDICAL EXAMINER []				
	SIGNATURE	SSISTANT MEDICAL EXAMINER				
	EXAMINER'S O					
	0-63/7/19	DEPUTY MEDICAL EXAMINER				
+	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMAT	ORY 22d. LOCATION (City, town, or county) (Slote)				
	DURIAL DIRECTOR'S SIGNATURE ADDRESS 16 (2)	COENION WARY ARD				
	13. FUNERAL DIRECTOR'S STOTIATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
	MOPPING TAIRKIET TUNERAL HOME MO	DATE JAN 4 '62 Cithen S. Thous				

TO DEPUTY MEDICAL **AMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certification in the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral direct should be farm, 23 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far y. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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DIVISION OF STATISTICAL RESEARCH AND ORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00160 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY a. STATE Anne Arundel Maryland Baltimore City MARYLAND 90 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) years 17 day Baltimore days Crownsville mos. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1101 Myrtle Avenue YES NO PC Crownsville State Hospital completely papers. NAME OF Middle DECEASED OF 1962 Elizabeth Lyles (Type or print) DEATH Malissa carbon withi IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH lest birthday) Months Deys and Hours Female Negro DIVORCED February 23, WIDOWED 1898 63 certificate 12. CITIZEN OF WHAT COUNTRY? physician 9 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) remov Virginia U.S.A. Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding William Webster Hattie Lewis aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yes, no, or unkown) | (If yes give wer or dates of servica) Hospital Records No Unknown 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physici has been signed b burial-transit per onchopneumonia IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (e), stating the underlying has PHYSICAL the hospital or an this certificate has couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)| 19. WAS AUTOPSY CERTIFICATION PERFORMED? 5 0 NO . r use 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH this of CTOR: After t 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ' 2Df. (City or town) (County) (Stete) 2Dc. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) While Not While at work 21. I certify that (I) (this hospital) attended the deceased from 10/24 , 1958, to 1/11 , that (I) (we) last saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. O HOSPITAL death. Page 4 page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Maryland Benedict. M. D. director, I be filed v 23d. LOCATION (City, town or county (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Krane 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND.

CERTIFICATE OF DEATH 00150

	OCTOT								1,11	U
I. PLACE OF DEAT	H			2.	USUAL RESIDE	NCE (Where de	ceased lived, If In	stitution: Resider	nce before a	dmission)
3. 0001411	Anne Arun	ndel	MARYLA	ND	a. STATE Mary	land	b. COUNT	Anne Ar	undel	
b. CITY OR TOWN	(if outside corporate limit d give nearest town)		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	(If outside corp	orate limits, write	RURAL end give	neerest tov	/n)
Annapo	-		D.O.A.		X RURA	L - Crov	msville			
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hosp	ital, give street address))	d. STREET ADDRES	is	Line of the			ESIDENCE A FARM?
	1 General H	lospita	al	1	Hera	ld Harbo	or		YES _	NO X
3. NAME OF DECEASED	First		Middla		Last	4. DATE	Month	Dey	Yee	
(Type or print)	Franci				LYNCH	DEATH	January	7 25	19	62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D.	ATE OF BIRTH	9	AGE (In years I	Months Days	Hours	24 HRS.
Female	White	WIDOWED	DIVORCED [] Ja	nuary 12.	1909	55 угв.	Months Days	Hours	Min.
done during most of we	IION (Give kind of work orking life, even if retire	10b. KIN	D OF BUSINESS OR IN	DUSTRY	1. BIRTHPLACE (Co	unty & Stete, or	foreign country)	12. CITIZEN C	OF WHAT	COUNTRY
Grocery &	Tavern		-Emp.		Pen	nsylvan:	ia	U.	S.	
13. FATHER'S NAME				14.	MOTHER'S MAIDE					
Unknowr	Lvnch				Unkno	חוור				
15. WAS DECEASED EV	ER IN U.S. ARMED FOR		OCIAL SECURITY NO.	17. INF	ORMANT	1001	Address			
(Tes, no, or unkown)	If yes give war or detes of s		7 07 0/ 70	111233		7070		01 0		
I 18. CAUSE OF	DEATH [Enter only one	cause par lin	3-03-04-30	MILL	Tam DENRI	المراد -اال	TITTULE.	ar. pa	TERVAL BE	TWEEN
	TH WAS CAUSED BY:	10:	10 10 (-) (0), 0110 (0),	1		8 1 1	7	O	NSET AND	DEATE
11	IMMEDIATE CAUSE (e)	le	use pu	en	mary C	nelot	in		nun	up.
1446	S DUE TO		//		/					
Conditions, if en			V							
gave rise to immed	lieta cause									
(e), steting the s	underlying DUE TO									
causa last.) (c)									
Z PART II. OTHE	R SIGNIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH B	BUT NOT RI	ELATED TO THE TERM	MINAL DISEASE	CONDITION GIVE	N IN PART 1(e)	19. WAS A	RMED?
5									YES	NO XX
	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OC	CURED. (Er	nter nature of injury i	in Part I or Part II	of item 18.)			
OR CONTRIBUTING	MEDICAL EXAMINER)									
ZOc. TIME OF INJU	URY Month, Day, Ye	er 20d. H	NJURY OCCURRED 20	De. PLACE	OF INJURY (Home, fa	orm, ! 20f. (City	or town)	(County)		(State)
20c. TIME OF INJU		While	Not While	factory,	street, office bldg., e	etc.)				
7	19	at work				1	¥ 0/	- /0		
21. I certify	Mat (I) Attick to see	attend	ed the deceased t	from	Jan. 4,	, 19.04 10.	Jan. 2	5, 19.02,	that (I) ((300) last
saw the decea	ded alive on	ma. 25	19.62, and	that de	-4		the causes a	and on the d	lale state	d above
22a. SIGNATURE	01	11	0		ATTENDING 8	MED.	STAFF		226	SIGNED
	Colone a	100	ele	M.D.	ATTENDING PHYS.	DIRECTOR	PHYS.			310110
22c. PHYSICIAN'S					22d. ADDRESS					
NAME (Type	Richard N	. Peel	er		121 Cathe	edral St	., Annap	olis, M	d.	
	ION, 236. DATE THE	REOF	23c. NAME OF CEMI	ETERY OR	CREMATORY	23d. LOC.	ATION (City, town	n or county)	(S	itete)
REMOVAL (Specify			Glen Have	en Ce	meterv	Glen	Burnie,	Maryla	hos	
24 JUNERAL DIRECTO	1 4 6	9					TRAR 25b. REGI			
- Trichen	uneral Hon	ne -Gl	en Burhie,	, Md.		JAN 3 0 '		illus 8. Ti	0	
THATE COLL /	GUET OT HO	- 5			DATE	SHII O D				

the funeral death. Page 4 the retained by the hospital or attending physician.

TO FUNERAL DANCTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

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15M 7/61

STATE OF TRANSPORTS OF STATES RELAIN CONTINUE DELEVERYOUS - ARCED Secretary By 15 .na -150 munt T love The state of the s Water to the control of the control BRIDE OF A STREET BUTTOUT A SETTING THE OF THE SOUTH THE The state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND Anne Arundel Anne Arundel County b. CITY OR TOWN (it outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Glen Burnie Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) for d. STREET ADDRESS IS RESIDENCE ON A FARM? State Beath. 200 Sixth Avenue, S.E. YES NO NO 200 Sixth Ave., S.E., Glen Burnie, Md. 3. NAME OF 4. DATE DECEASED OF the ar DEATH (Type or print) 1962 PINKERTON MILLER January 1. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 5. SEX last birthdey) Months Hours WIDOWED DIVORCED 24 C Male and n 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? PM3. Page 1, 2, pages 1 and within 72 h done during most of working life, even if ratired) 13. FATHER'S NAME Give P. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or detes of service permi 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (e) pencil in p. s Office a a burial-tremoval, B DUE TO Conditions, it eny, which (b) geve rise to immediata ceuse DUE TO (e), steting the underlying Examiner as cause lest. cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO F should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Baby was submerged in water in diaper bucket 300 Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) 20c. TIME OF INJURY (County) (Stete) age tectory, street, office bldg., etc.) et work at work forwarded to the L DIRECTOR: Parent at the design of the d 00 Glen Burnie 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER please execute the should be forward by FUNERAL DIN ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) RD CEMETERY MCGREGOR

248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNAR 0 400 VS. A15ME Glen

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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leose execremation TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs ofter death. If ony deloy is necessar cute the certificate we like word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page forwarded to the lish Laboral Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File pages 1 and 2 with the registrar prior to or removal. VS. A15ME(5) SM 9/55

	9	U164 ME	DICA	tem 1	Film (G306	2/2/	62 62	Ur iwk	DEATH	Reg.	Dist. No	. 111)	162
1. [PLACE OF DEATH	Shadyeid	e A.	A.	MARYLAND	1		CE (Where		b. COU			- 1	undel
Ь	and give nearest town)	outside corporate limits, write		c. LENGTH C	OF STAY IN 16	c.		VN (If out		porate limits, wr	ite RURAL o	ind give r	nearest to	own)
d		L OR INSTITUTION (f not in hosp	ital, give stre	et address)	1 d.	STREET ADDRES	ESS TOW	N	Rd.			ON	RESIDENCE I A FARM?
1	NAME OF DECEASED (Type or print)	Elizabet		Anr	niddle M	ould	Last en	4. D	DATE OF DEATH	Jan.	onth	27		Year 1962
5. S	Female	6. COLOR OR RACE	7. MARRIEI	7.5	MARRIED		of BIRTH n.12,18	369		9. AGE (In years lost bighday)	Months	Days	Hours	Min.
10a	USUAL OCCUPATION WORKING	N (Give kind of work of life, even if relired)	lone 10b. KI	ND OF BUSIN	NESS OR INDUS	STRY 11.	BIRTHPLACE ((Stote or fo	oreign c	ountry)	12. C		eri meri	country?
13.	FATHER'S NAME	acob Gross				14. M	OTHER'S MAID	ebeth		oss				
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ATION	Canditions, if an gove rise to immedi (a), stoting the us couse last. PART II. OTHE	ote cause	DITIONS CON	SIN NTRIBUTING 1	O DEATH BUT	NOT REL	ATED TO THE T	TERMINALI	DISEASI	E CONDITION C	GIVEN IN PA			AUTOPSY ORMED?
CERTIFICATION	20g. EXTERNAL CAUS PRIMARY or CON CAUSE OF DEATH.	SE WAS TRIBUTING 201	DESCRIBE	HOW INJURY	OCCURRED.	(Enter no	lure of injury in	n Port I or	Port II	of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a, m, p. m.	Month, Day, Yeo	20d. IN While of work	IJURY OCCUP	ile foc	ACE OF I	NJURY (Home, et, office bldg.	form, 20	Of. (City	or town)	(0	ounly)		(Stale)
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	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ENILY	. m	lom V.15	o M	M.D.	CHIEF MEDICA ASSISTANT MI DEPUTY MEDI-	EDICAL EX	CAMINE			1,	DATE /27	SIGNED
25	BURIAL, CREMATION PREMOVAL (Specify) FUNERAL DIRECTOR'S	1/30/19	62 m	ADDRESS	CEMETERY OF 322 Urved	REGEMA Tum W	Midle 240.	REC'D BY	REGIST	RAR 24b. REC	GISTRAR'S			te)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CALCULATION TOWN

FOR STATE HEALTH DEPT. TO DEPUTY ME. A. XAMINER: This certificate should be executed within 24 hours after death. If any delay is not please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction as a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Thelith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00165 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00163

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	(If outside corporete	-	RURAL end give	neerest tov	/n}
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	Ja		12011.	19	62
8. DATE OF BIRTH		A			Min.
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14. MOTHER 3 MAIDEN	AINAME				
Emma Alla	an				
17. INFORMANT		Address			
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1	s. STATE Same c. CITY OR TOWN Same d. STREET ADDRESS Same Less 8. DATE OF BIRTH 4/18/10 USTRY 11. BIRTHPLACE (Stet Tennessee 14. MOTHER'S MAIDEN Emma Alle 17. INFORMANT ROY Mullins Lyond recognition	e. STATE Same c. CITY OR TOWN (If outside corporete Same d. STREET ADDRESS Same Lest 4. DATE OF DEATH Ja 18. DATE OF BIRTH 9. AG lest 51 USTRY 11. BIRTHPLACE (Stete or foreign country) Tennessee 14. MOTHER'S MAIDEN NAME Emma Allan 17. INFORMANT Roy Mullins (husband) Lyond recognition	e. STATE Same c. CITY OR TOWN (If outside corporate limits, wrife) Same d. STREET ADDRESS Same d. STREET ADDRESS Same Lest 4. DATE OF DEATH JANUARY JANUARY JASTE Month OF DEATH JANUARY JASTE JASTE Month OF DEATH JANUARY JASTE	Same c. CITY OR TOWN (If outside corporete limits, write RURAL end give Same d. STREET ADDRESS Same Lesi 4. DATE OF DEATH January 1th. 9. AGE (In year) lest birthdey) 51 yrs. USTRY 11. BIRTHPLACE (Stete or foreign country) Tennessee 14. MOTHER'S MAIDEN NAME Emma Allan 17. INFORMANT ROY Mullins (husband) Tyond recognition T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	e. STATE Same c. CITY OR TOWN (If outside corporete limits, wrife RURAL end give neerest town Same d. STREET ADDRESS Same d. STREET ADDRESS Same Lest 4. DATE OF DEATH January 1th. 19 8. DATE OF BIRTH 9. AGE (In year) Lest birthdey) 51 yrs. 11. BIRTHPLACE (Stete or foreign country) Tennessee 14. MOTHER'S MAIDEN NAME Emma Allan 17. INFORMANT Address Roy Mullins (husband) INTERVAL BET ONSET AND INSURABLE CONSET AND INSURABLE C

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEA	тн			18	2. USUAL RESI	DENCE (Who	ere deceased lived, If b. COUN		nce before edmission)
	Anne Arundel		MARYLA	IND	6. JIAIL	Maryla			rundel
	N (if outside corporate limit	s,	c. LENGTH OF STAY	IN 16	c. CITY OR TO	WN (If outside	corporate limits, write	RURAL end give	neerest town)
	and give nearest town)		½ hr.		X	RURAT.	- Millersv	ille	
	SPITAL OR INSTITUTION (not in hosp		E)	d. STREET ADD		- 111110150	1110	e. IS RESIDENCE
						D 21 1			ON A FARM?
Anne Aruno	del General F	lospit		- 11	1 .	Baldwi	n Hills	B	YES NO
DECEASED	First		Middle		Last	OF		Day	Yeer
(Type or print)				NO	OLTE	DE	ATH Januar	v 14	19 62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	XXB.	DATE OF BIRTH		9. AGE (In years	-	IF UNDER 24 HRS.
Mala		WIDOWED			Jan. 14.	1962	last birthday) yrs.	Months Days	Hours Min.
Male 10a. USUAL OCCUP	ATION (Give kind of work		ND OF BUSINESS OR IN					12. CITIZEN C	OF WHAT COUNTRY
done during most of	working life, even if retired	d)		10001111	W. SIRMITEREE	, county a oro	, , , , , , , , , , , , , , , , , , , ,		
Newbor						ryland		U.S	•
13. FATHER'S NAME					14. MOTHER'S MA	AIDEN NAME			
William	Claude Nolte				Roselee	Kathle	en Hampton		
15. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	17. II	FORMANT		Address		
(Yes, no, or unkown)	(If yes give wer or detes of se	rvice)			Hospita	l reco	rds		
I IS CRITER OF	F DEATH [Enter only one	anusa nas li	an fan (a) (b) and (a) ?		Mospice	il leco.	I UD	Lin	TERVAL BETWEEN
	ATH WAS CAUSED BY:				/		1		NSET AND DEATH
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gave rise to imm	ediete ceuse				7.00		-		
(a), stating the	underlying DUE TO								
cause last.) (c)_								
PART II. OT	HER SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO THE	TERMINAL DIS	EASE CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
- V									YES NO
20a. ACCIDENT	WAS UNDERLYING	20b. DESC	RIBE HOW INJURY OC	CCURED.	(Enter neture of inju	ury in Pert I or	Pert II of item 18.)		
OR CONTRIBUTII	NG CAUSE OF DEATH								
20c. TIME OF IN	NJURY Month, Day, Yes				E OF INJURY (Hom		(City or town)	(County)	(Stete)
Hour a.m		While at work		tecto	ry, street, office bld	g., etc.)			
					Inn 11.	67	120 1/	62	
	that (I) 10000000								
saw the dece	eased alive on Ja	m. 14	9 19 02 , and	d that	death occured	atM,	from the causes	and on the d	late stated above
22e. SIGNATUR	RE					5:30 AM			22b. DATE
	9.5	Box	much	M.I	ATTENDING PHYS.	MED.	R PHYS.		SIGNET
22c. PHYSICIAN		JOUT	rout	Mil	22d. ADDRES			-	
NAME (Ty		rssuc	k M.D.		Amos G	arrett	Blvd., Anr	anolis.	Md.
23a, BURIAL, CREM. REMOVAL (Spec	ATION, 236. DATE THER	EOF	23c. NAME OF CEM	ETERY C	R CREMATORY	23d.	LOCATION (City, to		(Stete)
Burial	1/17/	52	Glen H	lave	n		Glen	Burnie	Ма
24 FUNERAL DIRECT	OR'S SIGNATURE	DUM.	A DAPPAESS		25		REGISTRAR 256. RE	GISTRAR'S SIGNA	
Hoppin	ig and Kark	7040	Clar D	nu 4 -	MA DA	JAN 1	8 '62	wilmers S. 96	saud
T-	-P and Water	ley,	Glen Bur	nie	, Ma	VIE.			

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Mopping and FindCay, Gles Burnie, Md.

Samuel Avenuent, E. U.

VR A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01464

	PLACE OF DEATH	00100			15	2. USUAL RESIDE	NOP (Wheel	danaged Bread 16.	natitution. Deside	nee before admissio
1"	a. COUNTY					e. STATE		b. cqun		The bottone bottonessing
1	Anne Aru	ndel		MARYL	AND	Marylan			ederick	
	write RURAL end	f outside corporate timit give nearest town)	S,	c. LENGTH OF STAT	S	Frederi		rporate limits, write		neerest town)
-	Crownsvi			11 mos.22	day				10 X . a	
	d. NAME OF HOSPIT	AL OR INSTITUTION (l not in ho	spital, give street eddre	(SS)	d. STREET ADDRES	S			o. IS RESIDENCE
		lle State H	lospi			Unknown				YES NO
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month	Da	у Үөөг
	(Type or print)		tle	HAMMON	1	Pendleton	DEAT	-		30 19 62
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH	1130.1	9. AGE (In yeers last birthday)	IF UNDER 1 YEAR	
	Female	Negro	WIDOW	ED DIVORCED		June 9, 19	02	59 yrs.	Months Deys	Hours Min.
		ON (Give kind of work		KIND OF BUSINESS OR	INDUSTRY			or foreign country)		OF WHAT COUNTR
0	Housewo		0)			Maryla	nd		U.S	.A.
13	. FATHER'S NAME	TA				14. MOTHER'S MAIDE	N NAME		-	
	George	Steward			53		Hammond	i		
		ER IN U.S. ARMED FOR		SOCIAL SECURITY NO	D. 17. II	FORMANT		Address		
(Y	No or unkown) (II	fyes give wer or detes of s	ervice)	Unknown		Hospital R	ecords			
	18. CAUSE OF D	EATH (Enter only one	cause per	line for (e), (b), end (c)).]				10	TERVAL BETWEEN
		H WAS CAUSED BY:		Uremia						NSET AND DEATH
	20	IMMEDIATE CAUSE (e)	-	V = 0= 0.						
	Con D	DUE TO		A	3	0 7/2 3		h) O		
	Conditions, if eny	1-1		Amyroi	0031	s of Kidney	and of	ther Orga	ns	
	gave rise to immedi (a), steting the us	DUE TO								
	ceuse lest.	(c)								
Z	PART II. OTHER	SIGNIFICANT CONDI	IONS CO	NTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	AINAL DISEASI	E CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPS
CATIC			168	Elepha	ntias	sis of Legs				YES NO
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DE	SCRIBE HOW INJURY O	CCURED.	(Enter neture of injury i	in Pert I or Pert	II of item 18.)		
	20c. TIME OF INJU	RY Month, Day, Yes	r 120d	INJURY OCCURRED	20e PLAC	E OF INJURY (Home, fa	arm. ' 20f. (C	ity or town)	(County)	(Stete)
MEDICAL	Hour e.m.	19	While two	leNot While		ry, street, office bldg., e				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	21 L cortify H	hat (I) (this hospit	al) atter	nded the deceased	from	2/8	19.52 10	. 1/30	1962	that (I) (we) I
			/30	10.62		death occured 7				
	saw the deceas	ed alive of	1	19.55, al	nd that	death occured		ill the causes	and on the	22b. DATE
	22e. SIGNATURE	1.11.	1.1.	4 -		ATTENDING	MED.	STAFF		1/31/62
	10/0000					PHYS.	DIRECTOR	PHYS.		1/)1/05
	22c. PHYSICIAN'S NAME (Type)	/L. Be	nedic	t, M. D.		Crownsy	rille S	tate Hosp	pital, M	aryland
23	BURIAL CREMATI	ON, 236. DATE THE	EOF	23c. NAME OF CE	METERY C	R CREMATORY	23d. LO	CATION (City, to	wy or county)	(Stete)
1	REMOVAL (Specify)	Fel-3-	62	FAIRVI	PV	/	Fri	derici	H-M	d.
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		1 5 125a. R	EC'D BY REGI	STRAR 256. REG	GISTRAR'S SIGN	ATURE
1	2) / 5	11 61	171	112-41	mag	109	FEB 7		Tithur 8. 9	
1_'	nous -	picko.	11	- 7575/	orth	west 21 DATE				

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ON 160

CERTIFICATE OF DEATH 00169

00166

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residen	ce before admission)
	Anne Armndel MARYLAND		Arundel
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
	Annapolis 4 days	X RURAL - Annapodis	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Anne Arundel General Hospital	Rt-1, Chesterfield Road	YES NO
	3. NAME OF First + Middle	Last 4. DATE Month Day	Your
-	(Type or print) John Elmer PH	ENNINGTON OF January 12	19 62
	John Livio	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.
	W-7 - 50-24 -	September 12, 1901 60 yrs. Months Days	Hours Min.
١	10a. USUAL OCCUPATION (Give kind of work done Auging most of working life, even if refired)		F WHAT COUNTRY?
	Maintainance State Hospt.	West Virginia U.	S.
	13. FATHER'S NAME / - D	14. MOTHER'S MAIDEN NAME	
	Delbert to rennington	Willie Bird	
Ì		INFORMANT D Address	
	(Yes, no) or unkown) (Ifyesgivewerordelesofservice)	era d. Tennington #2	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) OCCUFE COL	nay occlusion	12 LOW
	DUE TO	, ===	
	gave rise to immediate cause		
	(e), steling the underlying DUE TO		
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	El (10. au mali la talia		PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Part I or Pert II of item 18.)	IES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO LIVE OF DEATH BUT NO LIVE	s. (child figure of filler) in rais 1 de rois is of flow io.,	
		ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
	Hour a.m. While Not While fac	tory, street, office bldg., etc.)	
		Jan. 8, 19 62 10 Jan. 12, 19 62,	that (1) (XXX last
	1 1 10 10		
	saw the deceased alive on	t death occured atM, from the causes and on the de	22b. DATE
	Mall MAX Yorker	ATTENDING MED. STAFF	SIGNED
	22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	15/62
	NAME (Type) Richard N. Peeler		12
		121 Cathedral St., Annapolis, M	(S)etg)
	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY BUT 12/5-62	OR CREMATORY 23d. JOCATION (City, town or county)	MI
		71 HANNAPOLD	YILION .
	24 TUNERAY DIRECTOR'S SIGNATURE	. The 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNA	IUKE
	your 11. Leiden war round in well and) //KL DATE AN 1 6 '62 Ordun & Krown	A
	//		

plnods TO HOSPITAL OR A LIDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 41 be sined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 7 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death IDING PHYSICIAN: The law requires that the death certificate be executed within 24 VR A1S (4)

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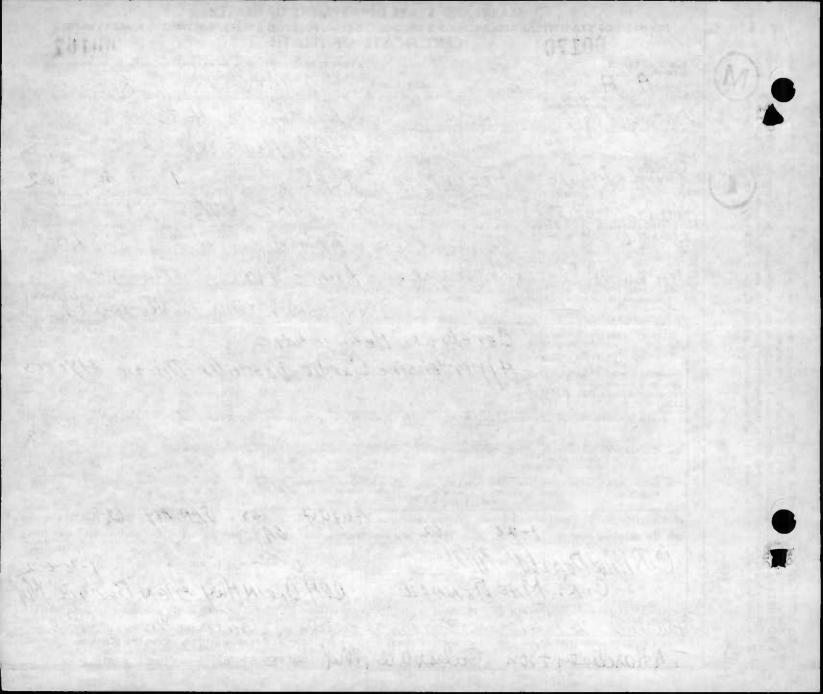
NDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
A A MARYLAND	a. STATE MC b. COUNTY
b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town)
write RURAL end give neepest town)	X/ wthrown 1/ to
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS I O. 15 RESIDENCE
d. NAME OF HOSTINE OF INSTITUTION (II NOT III HOSPITEI, GIVE SHEET ENGLESS)	ON A FARM?
And the state of t	1906 HAWTHORNE 1-01 YES NOT
3. NAME OF Middle Middle	Last 4. DATE Month Dey Yeer OF
(Type or print) VUIIUS FREDERICK	TETERS DEATH 30 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Devs Hours Min.
Mayo white WIDOWED DIVORCED 1	OCT 5 1885 Months Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done buying most of working life, even if retired)	e Raltiniana Mal 11.5A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
INDREAM FRENCH POTRES	Ama Maria Ulanuter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyes give war or dates of service)	A IF A DA WASTER LISTURIONANTS
	no J. tredericiz Telero 406 Hauthorne Rd.
18. CAUSE OF DEATH [Enter only one ceusa per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebras H	emerrhage
1 1 1 3 %	A
Conditions, if any, which \ (b) Hypertensive	Cardio-Vascular Disease 44ears
gava rise to immediata cause	No. of the state o
(e), steting the underlying DUE TO	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
2	YES NO X
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Pert I or Part II of item 18.)
(-	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour a.m. While Not While at work et work	iory, siteat, office order, etc.)
21. I certify that (I) (this hospital) attended the deceased from.	August 1958 to JANUARY, 1962, that (1) (we) last
	t death occured a A.M., from the causes and on the date stated above.
220/8 2 MAL D. 40/11 /11/1/	ATTENDING MED. STAFF SIGNED
	A.D. PHYS. DIRECTOR PHYS. 1-30-62
22c. PHYSICIAN'S NAME (Type)	22d ADDRESS in March 1 - 11
MINITE DONALA	god crain my sien oursie ma
	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BUDGE 2-1-61 Ouglos	Cometery Galerulle, Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	1 A 1 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
TADONAL + my Galary VI.	VIA de la constantina del constantina della cons
1 THURSTER TO THE STATE OF THE	IVICE DATE SEB 5 '62 Clothing & Florid



ADDRESS

Glen Burnie, Md.

24 FUNERAL DIRECTOR'S SIGNATURE

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

ESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before b. COUNTY Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town FARM! YES NO 118 Breitwert January 19 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER last birthdey) Months 1 12. CITIZEN OF WHAT C Anne Arundel Co., Md. Address Odenton. INTERVAL SETWEEN ONSET AND DEATH PERFORMED? NO XX (County) (Stete) PHYS. Cathedral St., Annapolis, Md. 23d. LOCATION (City, town or county) Ft. Meade Bethel Cemetery Maryland

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE

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MAN A U.S. ABBL. COTT.

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FOR STATE HEALTH DEP Page files. TO DEPUT

SICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deaty it please execute and certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10172 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1)169

-	-										
	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived, If institution, Residence before admission)								
A		Arundel MARYLAND	Same Same								
1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
1		Glen Burnie 7 months	X Same								
	. 7	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address)	d. STREET ADDRESS e. IS RESIDENCE								
		302 VIII Avenue S.E.	Same ON A FARM?								
		DECEASED	Last 4. DATE Month Day Year OF								
		(Type or print) Mrs. Florence Cornelia XXXXXX	XX Phillips DEATH January 19th 19 62								
	5.		. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
		F WIDOWED DIVORCED 1/3	8/80 82 last birthdey) Months Days Hours Min.								
		. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR									
	do	ne during most of working lifa, even if retired) Housewife	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
	13	FATHER'S NAME	Baltimore, Md. USA								
1											
1	45	George Preston	Julia Elliott								
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address								
		No None Mr	. Charles Grierson (Grand son)								
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN								
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General Arterioslerosis ONSET AND DEATH ?									
		LA S O DUE TO	10010								
		gave rise to immediata cause									
		(e), stating the undarlying DUE TO									
		cause last. (c)									
1	o N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
,	CAT		YES NO R								
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	nter nature of Injury in Part I or Pert II of Item 18.)								
		CAUSE OF DEATH.									
	MEDICAL		CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)								
	(EDI	at west 17 at was 1	ory, street, office bldg., atc.)								
	~	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion								
		death resulted from: Natural causes X, Accident , Suici									
			CHIEF MEDICAL EXAMINER								
		ACTUAL GUSTANO X Paulista									
		SIGNATURE / COLPAND / COLORS	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED								
2		EXAMINER'S NAME (Typs) Contact II This III	Address (Streat, city, town, or county) Glen Burnie, Md.								
-	22a.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Streat, clty, town, or county) CREMATORY 22d. LOCATION (City, town, or country) (State)								
		REMOVAL (Specify) Burial 1/24/62 Ceder Hill	Cemetery Ritchie Highway Md								
	23.	FUNERAL DIRECTOR ADDRESS	Cemetery Ritchie Highway Md 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE								
1	F	rederick D. Miller, Inc 3019 Monu	ment \$t JAN 26'62 arkhur & Thrus								

A. Phillips As Wall Land Committee

TOR CHANG STATES WELTON ...

Aurial 1/21/62 Coder bill Cometery Hitchie Hichery Pd

prederick D. Hiller, Inc 3019 Homement St. Modern

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O173 CERTIFICATE OF DEATH

		PLACE OF DEATH		Let's a		2.	USUAL RESIDEN	ICE (Where d	laceasad lived, If	Institution: Residan	ice before admission)	
	1	a. COUNTY			- Charles		a, STATE		b. COU		/	
		Anne Ar	undel		MARYLA		Marylan		Ba	Ltimore		
		writa RURAL and	foutside corporata limits giva neerest town)	c. L	ENGTH OF STAY I	N ID	c. CITY OF TOWN	(If oursida cor	porata limits, writ	e KUKAL end giva	nearest town)	
				3	months		Glen Ar	m		03X'2		
		d. NAME OF HOSPIT	TILE	not in hospital,	give streat eddress)		Glen Ar				. IS RESIDENCE	
		Crowner	ille State	Honnital			Box 45				YES NO	
	3	NAME OF	TITE DUALE	ucebrean	Middle		Last	4. DATE	Mont	n Day	Year Ye Di	
		DECEASED			Middle			OF		Day	Tear	
		(Type or print)	Mos				Quickley	DEATI	1	22	19 62	
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR		
		Male	Negro	WIDOWED T	DIVORCED		nt amb and	7000	last birthday)	Months Days	Hours Min.	
	10a	. USUAL OCCUPATI	ON (Giva kind of work	10b. KIND O	F BUSINESS OR IN	DUSTRY 11	ptember 4	inty & State, o		12. CITIZEN C	F WHAT COUNTRY?	
	do	na during most of wo	rking lifa, evan if retired	1)				,				
		Farmer				•	Marylan			U.S.	A	
	13.	FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME				
1		G	rafton Quic	klev		EM T	Eliza	hath				
. ,	15.		R IN U.S. ARMED FOR		AL SECURITY NO.	17. INFO		DEGII	Addres			
	(Ye		yas give war or datas of se		1							
	-	No	m w man Ir		nknown	Но	spital Re	cords		1.00	TERLIAL REWINDEN	
			EATH [Enter only one	causa par lina for	(a), (b), and (c).)					10	TERVAL BETWEEN NSET AND DEATH	
			H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bro	onchopnem	onia						
		30	4 X DUE TO		•							
		Conditions, if any		Channi	Danie C							
		gave risa to immadi	ata causa (b)_	Chronic	Brain S	ynaro	ne Associa	ited wi	.tn			
		(a), stating tha us	ndarlying DUE TO	Arterio	scleroti	с Нур	ertensive	Cardio	vascular	Disease		
		cause last. (c)										
	Z	PART II. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBU	TING TO DEATH B	BUT NOT RE	ATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(a)		
)	Ψ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS DESCRIBED IN PERFORMED? PERFORMED? PERFORMED? VES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIBU									YES NO	
	FIC	20a. ACCIDENT W	AS UNDERLYING [7]				er natura of injury in	Part I or Part	II of item 18.)			
	ERT	OR CONTRIBUTING	CAUSE OF DEATH	TOD. PLOCKIDE			or moral or injury in		0			
			MEDICAL EXAMINER)									
	WEDICAL	20c. TIME OF INJU	RY Month, Day, Yea				F INJURY (Home, fe- traat, office bldg., at		ty or town)	(County)	(State)	
	A G	Hour	19		ot While			1				
	-		hat (I) (this hospita	-1) -41	the decreed i	f	10/22	10 67 40	7/22	1060	that (1) (wa) last	
	-											
		saw the deceas	ed alive on	1.42	1902, and	that dea	th occured at.	3AM, troi	m the causes	and on the d	ate stated above.	
		221 SIGNATURE	11Nano	Wa -			ATTENDING	MED.	STAFF		22b. DATE SIGNED	
	'	NAYOU LOOD	(INTEGILIA	100m		M.D.	PHYS.	DIRECTOR	PHYS.		1/22/62	
		ZEC. PHYSICIAN'S	4-01-02-	14	~		22d. ADDRESS					
		NAME (Typa)	Hildegar	d Heard	Reissman	. M. I	. Crowns	ville	State Ho	spital.	Maryland	
	==	DISDIAL CREMATI			NAME OF CEMI				CATION (City, to		(State)	
	238	BURIAL CREMATI		13.00			REMATORT	Tior	arraen	Balto-	Co.,Md.	
		Burial	1-27-62	AHL	t. Zion		111	1				
	24	FUNERAL DIRECTOR	'S SIGNATURE	1578	ADDRESS	role	250 25a. R			GISTRAR'S SIGNA	TURE	
:		100-10	N 1.41	anni l	201	/	DATE	AN 25 '6	52 C	without & the	ua	
	7	, non-C	17/7		7	- 0	Y					
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FOR STATE HEALTH DEPT

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TO DEPUTY
CAL EXAMINER: This certificate should be executed within 24 hours after death. If any descript please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dir 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boage or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS. AISME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00174

	1. PLACE OF DEATH •. COUNTY			E (Where daceasad lived, If i		ce befora e	dmission)
1	Anne Arundel	MARYLAND	Same	Same	ITY		
1	b. CITY OR TOWN (if outside corporeta limits, write RURAL and give necrest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write	RURAL and give	nearast tow	n)
/	Pasadena	2 years	X Same				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street eddress)	d. STREET ADDRESS				SIDENCE A FARM?
	Box 324 Route 8		Same				NO F
	3. NAME OF First	Middle		4. DATE Month	Dey	Yeer	- 20
	(Type or print)			OF DEATH -		10	
	Mrs. Annie Dora	Rebstock		Januara		19 IF UNDER	62
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years lest birthdey)	Months Days	Hours	Min.
	F WIDOWE	D DIVORCED	3/17/82	79 yrs.			
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN O	F WHAT C	OUNTRY?
-	Retired housewife		Baltimor		USA		
4	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
V	Georges Herzerherger		Catherine	Schnitter			
1	Georges Herzerberger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Address			
1	(Yes, no, or unkown) (Ifyasgivewarordetesofservice)	37		1 /2 1	21		
1	18. CAUSE OF DEATH [Enter only one causa per	None Mine for (e), (b), end (c).	r. Benjamin K	ebstock (husb	and)	ERVAL BET	WEEN
		neral Attetibs	Zeerest Arter	iosclerosis		SET AND D	DEATH
	450.0 DUE TO						
1	Conditions, if eny, which (b)						
1	gava rise to immediate cause (a), stating the undarlying DUE TO						
	causa last. (c)						
	101	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	EN IN PART 1(e) 1	9. WAS A	UTOPSY
	0,1						RMED?
1	O PATERNAL CALIEF WAS	IBE HOW INJURY OCCURED. (Table and the state of the stat	l or Don't II of itom 10)		AE2	ио Хо
	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	IBE HOW INJURY OCCURED. (I	conter nature of injury in refi	or Peri II or Item 18.)			
1	0 ====		CE OF INJURY (Homa, farm,	20f. (City or town)	(County)		(State)
	Hour a.m. While	1401 44 11110	ory, street, office bldg., etc.)				
	pimi -	band band	Id as Autonou D	nspection X Inquir	[77]	in mile	-1-1
1	21. I certify that I took charge of the rem				LAND	in my o	pinion
1	death resulted from: Natural causes	Accident , Suic	ide, Homicide [, Undetermined m	anner		
1		2) I Jan	CHIEF MEDICAL EX	CAMINER			
Н	ACTUAL SUSTAND XX	accernin	M.D. ASSISTANT MEDIC	CAL EXAMINER	I	ATE SIG	NED
1		,	DEPUTY MEDICAL	EXAMINER 1/28	162		
-	EXAMINER'S NAME (Type) Constant U	Land W.D	Address (Street, ci		•	. Ma	
1	228. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		2d. LOCATION (City, fown	en Burnie	Stay	9
	Burial 1.29.62	Gedar.	AILL.	4. 4.	C0 4	ud	,
1	C3. FUNERAL DIRECTOR	ADDRESS	24e. REC'	BY REGISTRAR 246. REG	ISTRAR'S SIGNAT	URE	
	ME(210/21 130	Etars 11	E DATE JA	N 3 0 '62 C	riming & Kro	aud.	
Ĺ	T Carried . Co	4 101 6 011	I DATE UN				

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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 175 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 111172

	COUNTY		o. STATE	CE (Whare dacessed livad, II b. COU		ice before edmission)
Aı	nne Arundel	MARYLAND	Same		Same	
b. (CITY OR TOWN (if outside corporete limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16		f outside corporete limits, wri		neerasi town)
I	Baltimore 27	2 Years	X Same			
d. I	NAME OF HOSPITAL OR INSTITUTION (IF I	of In hospitel, give street eddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
81:	36 Fort Smallwood Ro	ed c	ame			YES NO W
3. NA	ME OF First	Middle	Last	4. DATE Moni	th Day	Yeer
	CEASED pe or print)			OF DEATH _		
5. SEX	Kenton R. Re	ntzell		January		19 62
J. SEA	o. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In year)		IF UNDER 24 HRS.
1	V III V	VIDOWED DIVORCED 1	2/9/11	50 yrs.	Months Deys	Hours Min.
done o	SUAL OCCUPATION (Give kind of work during most of working life, avan if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stela	or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
1	Machinist	Marina	Pennsylvan	nia	USA	
13. FA	THER'S NAME		14. MOTHER'S MAIDEN	AAME		
F	Robert Kentzell		Martha Ru	ıtledge		
	AS DECEASED EVER IN U.S. ARMED FORCE: o, or unknown) (Ifyes give weror detes of servi		NFORMANT	Addres	is	
(100, 111	No No		Mrs. K.R.Rent	troll (vita)		
1 18.	. CAUSE OF DEATH [Enter only one ca	use per line for (e), (b), end (c).]	Ta s W.H. Hell	PETT (MTTA)	LINT	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY.				ON	SET AND DEATH
	IMMEDIATE CAUSE (e)	Self inflicted wou	nd to the bra	in with a 30	calibre	
	DUE TO					
Co	onditions, if eny, which (b)	rifle Remington.			!	Sudden
	ve rise to immediate cause					2000001
	, sleing the underlying					
_ =	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T DEL ATED TO THE TERMINE	AL DISSASS CONDITION OF	VENT INT DARK TV. I. I	0 14/45 41/2005
IFICATION 20	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBOTING TO BEATH BOT NO	I KELATED TO THE TERMIN	AL DISEASE CONDITION GIV	VEN IN PAKI I(a) I	PERFORMED?
3					,	YES NO
20	B. EXTERNAL CAUSE WAS 20b.	DESCRIBE HOW INJURY OCCURED. (E	nter neture of Injury In Part	I or Pert II of itam 18.)		
PR CA	AUSE OF DEATH.	ormlained in Mid				
₹ 20		explained in #18.	CE OF INJURY (Home, farm,	; 20f. (City or town)	(County)	(State)
WEDICAL 20	nour e.m.	AA UIIS INOL AA UIIS	ory, street, office bldg., alc.)		(000)	(Sidie)
	p.m. 1/12/629	et work at work W Home		Baltimore 2	7 A.A.	Md
21	. I certify that I took charge of t	he remains described above, hel	d an Autopsy ,	Inspection x, Inqui	ry y, and	in my opinion
de	eath resulted from: Natural cause	es, Accident, Suici	de 🔽 , Homicide [Undetermined n	nanner	
	1.	1	CHIEF MEDICAL EX	XAMINER		
	CTUAL Gustane X	" e les Della	ASSISTANT MEDIC	CAL EXAMINER [1/]	12/62	ATE SIGNED
	GNATURE			EXAMINER K Glen	,	
N	KAMINER'S AME (Typa)		Address / Steam to:	ty, town, or county)	Dur Haro	p.
22e. BU RE	RIAL, CREMATION TELESTABLE HEREOF	auberze, Name of CEMETERY OR		22d. LOCATION (City, lown	, or country)	(State)
	urial 1-15-62	West Libert	y Cemetery	Pakkton,	Md .	Md .
Bro	oks Funeral Serv				Mus S. Than	

TO DEPUT
DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boer or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours, after death.

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MARYLAND STATE DEPARTMENT OF WEALTH

	MAKTLAND 5	IAIL DEPAK	IWELL OL	MEALI	II.	
DIVISION OF STATISTICA	L RESEARCH AND	RECORDS, 301	W. PRESTON	STREET,	BALTIMORE 1,	MARYLAND
00176	CERT	IFICATE OF	F DEATH			436

1	1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)				
	Anne Arundel MARYLAND	•. STATE Maryland b. COUNTY Anne Arundel				
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	write RURAL and give nearest town) Annapolis	X RURAL - Annapolis				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE				
3	Anne Arundel General Hospital	Rt-1. Box-28				
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer				
	DECEASED (Type or print)	OBINSON OF DEATH January 12 1962				
1	0 T 4 T COL1	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
		ebruary 10, 1881 80 yrs. Months Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	done during most of working life, even if retired)	Maryland U.S.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	ALBERT A TYLER	CATHERINE WEBSTER				
/	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address				
	(Yes, no, or unkown) (Hyes give were rdates of service)	POBERT W. ROBINSON C				
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	mas edura 08km				
	420 DUE TO					
	Conditions, if any, which \ (b) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	throatroni 88h				
	geve rise to immediate cause	70,000				
T	(a), stating the underlying DUE TO					
	(0)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY				
0	Diafelle M.	PERFORMED? YES NO XX				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 18.)				
		CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)				
		ory, street, office bldg., etc.)				
	21. I certify that (I) (this position) attended the deceased from	1 19 to Jan. 12, 1962, that (1) (XXX) last				
	saw the deceased alive on Jan. 12, 1962, and that	death occured at				
	220. SIGNATURE	ATTENDING MED. STAFF , SIGNED				
	frankly repeted M	D. PHYS. DIRECTOR PHYS. 1/12/62				
	22c. PHYSICIAN'S NAME (Type) France M Children M D	22d. ADDRESS				
1	NAME (Type) Frank M. Shippley, M.D.	121 Cathedral St., Annapolis, Md.				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d TOCATION (City, town or county) (State)				
	River Huny 15-1962 Ledas 12	cuff cent amajadas Mil				
	24 FUNERAL DIRECTOR'S SIGNATURE COMO CADDRESS COMMENTARY	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE				
10	Them it red on the commentance	DATEMAN 1 6 '62 arthur & Floris				
Da	V					

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the funeral and 2 should 24 hours after death. Page be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed ATTENDING PHYSICIAN:

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

On 170

CERTIFICATE OF DEATH 00175 00170

00110	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Anne Arundel MARYLAND	o. STATE Maryland Anne Arundel
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	
write RURAL end give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Riva o. 15 RESIDENCE
4. Name of frost traction of the first in hospital, give sites educess	ON A FARM?
Anne Arundel General Hospital	% Manor House YES □ NO 🔀
3. NAME OF First Middle SE	LISMAN 4. DATE Month Day Year
(Type or print) Albert H	DEATH January 13 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
White Woowen I Dryongen I	last birthday) Months Deys Hours Min.
Hale Hiller L	March 29, 1899 62 yrs.
dona during most of working life aven if retired	IN II. BIRTHPEACE (County & State, or total of country)
Retired - PIPE FITTER - PRUMBING	Pennsylvania U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address HALK PRINT F
(Yes, no, or unkown) (Ifyesgivawarordatesofservice) 214613502 A	11 - I Colingalal Jul - Mes Pinso Ma
IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	IBENT SELIGNAN, DV. WEST RIVER, MC
PART I. DEATH WAS CAUSED BY:	ONSET AND BEATH
IMMEDIATE CAUSE (a) Ordine pa	eller moules.
DUE TO	
Conditions, if eny, which (b) Arkeres selen	vier cardis varale dread Years.
geva rise to immadiate cause	
(a), stating the undarlying cause last.	
(0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
[A]	YES NO .
200. ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter neture of injury in Pert I or Pert II of item 18.)
	LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
at most of the second	actory, street, office bldg., etc.)
	9/20 61 1/13 60
21. I certify that (I) (this hospita) attended the deceased from	
saw the deceased alive on	at death occured at 11:30M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
9. thurst.	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Gerard Church	121 Cathedral St. Annapolis, Maryland
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
REMOVAL (Specify)	ucal PBM About BUDDIE - AAP MI
DUKITE 1 10 00 DIEN FIAC	258, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS OF ADDRESS OF ADDRESS	258. REC'D' BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John & Coway of more 901 Holling	DATE JAN 17'62 OR PHONE
1 11 Balto	no - all

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TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 24 hours after death. Page be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Dept.
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TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that death. Page be retained by the hospital or attending physician.	STA	3 sh	S e
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VR A1S (4) 1SM 7/61 MARYLAND STATE DEPARTMENT OF HEALTH

	-	MAKILAND S	WIF PR	NAME OF TAXABLE	1111	II STONE II		
DIVISION OF	STATISTICAL	RESEARCH AND					BALTIMORE 1	MARYLAND
0(0179	CERT	IFICATE	OF D	EATH			00176

1, PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
Anne Arundel MARYLAND	a. STATE b. COUNTY Marvland Anne Amindel						
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16	111110 311 011002						
write RURAL and give nearest town)	\ \ \						
Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	Edgewater d. STREET ADDRESS e. IS RESIDENCE						
d. NAME OF HOSTIAL OR MASTITUTION (II not in nospital, give straet address)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?						
Anne Arundel General Hospital	Rt. 2, Box 514B						
3. NAME OF First Middle	Last 4. DATE Month Day Year						
(Type or print) Patricia M.	Shumaker DEATH January 20 19 62						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
	last birthday) Months Days Hours Min.						
Female White WIDOWED DIVORCED LIGHT 100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUS	8/28/34 27 yrs.						
done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or loraign country) 12. CITIZEN OF WHAT COUNTRY?						
Secretary	Washington, D. C. U.S. A.						
13. FATHER'S NAME	Washington, D. C. U.S. A.						
Eugene Andrews Daly	Mary Elizabeth Bresnahan						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address						
(Yes, no, or unkown) (Iffyesgivawarordatesofservice) NO 577-42-3591	Heart 1-1						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Hospital records						
	CAISEY AND DEATH						
IMMEDIATE CAUSE (a) PULMONARY							
DUE TO TO							
Conditions, il any, which \ (b) ThEROTHERMBO	D1/22-71/0- 2						
gava risa to immadiata causa	gava risa to immadiata causa						
(e), stating the underlying							
causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPST PERFORMED?						
 	YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO SECOND TO SEATH BUT NO SECOND TO SEATH BUT NO SECOND TO SEC	ED. (Enter nature of injury in Part I or Part II of itam 18.)						
(IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)						
18 100 8.00	actory, streat, office bldg., etc.)						
Print II							
21. I certify that (I) (this should) attended the deceased from Jan. 20 , 1962, to Jan. 20, 1962 that (I) (we last							
saw the deceased alive on							
228. SIGNATURE	ATTENDING MED. STAFF 22b. DATE						
COULAY SOM	M.D. PHYS. DIRECTOR PHYS. 1/22/62						
22c. PHYSICIAN'S	22d. ADDRESS						
NAME (Type) Dr. Edward S. Beck	71 Franklin St., Annapolis, Md.						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY							
REMOVAL (Specify)							
Burial 1/28/62 Columbia Gard							
24 FUNERAL DIRECTOR'S SIGNATURE . ADDRESS	256. REC'D BY REGISTRAR 1256. REGISTRAR'S SIGNATURE						
Mac H. Morros 3901 N.	Fairfax Dans JAN 2 6 '62 arthur S. Thrus						
Arlington							

DESCRIPTION OF THE PARTY OF The Disco Eve Labour and posterior ton, 11. U. minning, magning Pukmenaky Emzolus PARESTIPEDAJOSIS KEETILIAG VEIN

Dr. Edward S. Peck 2 71 Franklin St., Ammpolia, Ma.

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PLACE SELF SELF SELFER SELFER

TO HOSPIT OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed 24 hours after death. Page 15 retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove serbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death.

VR A15 (4) ISM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH NOAM

00180	OLK I II I OA	L OI DEATH		
PLACE OF DEATH		2. USUAL RESIDENCE (Where d	aceased lived, If institution: Re	sidence before edmission)
a. COUNTY	31 5	a. STATE	b. COUNTY	
1 47 FT	MARYLAND	A .		
CITY OR TOWN (if outside corporeta limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con	rongly Mitts, write RURAL and	give nearest town)
Menteurnie	15 mm.	X		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital give street address)	d. STREET ADDRESS		a. IS RESIDENCE
	non, givo sicon doctoss,	G. STREET ADDRESS		ON A FARM?
30 71. y. 71 w.				YES NO
3. NAME OF First	Middla	Last 4. DATE	Month	Dey Yeer
(Type or print)	hard Si	with DEATH	Jan 1	3 1962
5. SEX //6. COLOR OR RACE / MARDIED			. AGE (In years IF UNDER 1 Y	
m W WIDOWED	LINEVER MARKED	VOV-7 71	last birthday) Months D	eys Hours Min.
THE WILL	ND OF BUSINESS OR INDUSTR		foreign country) 12. CtTIZ	EN OF WHAT COUNTRY?
done during most of working life, even if retired)		0 0 -	a ma	
recontraction .	o mace	Notchester	Co 1110 -	
13. EATHER'S NAME		14. MOTHER'S MAIDEN NAME		<
Columbas Sme	th			
	OCIAL SECURITY NO. 17. I	NEORMANT	Address	
(Yes, no, or unkown) (If yes give wer or detes of service)	1701	(a) 6 ;	7/	game
NO 53	10-01-1124	Jones 12' 10	mun	
18. CAUSE OF DEATH [Enter only one cause per lin	e for (e), (b), end (c).]	/		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	1Noma	d) moulh		6-8 The
		8		
DUE TO		0		
Conditions, if any, which (b)				
gave rise to immediate cause (a), stating the underlying DUE TO				Annual Control
cause last. (c)				District Control
	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY
[E]				PERFORMED?
3				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTO	RIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Pert	i of item 18.)	
U (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (Cit	y or lown) (Coun	y) (Stete)
20c. TIME OF INJURY Month, Day, Year 20d. It Hour a.m. While et work		ory, street, office bldg., etc.)		
p.m. 19 et work	at work	1	4	
21. I certify that (I) (this høspital) attend	ed the deceased from	Jan 1951, 10	yen 13, 196	, that (I) (we) last
saw the deceased alive on from 13	1962 and that	Seath occured at 1304, From	the causes and on th	e date stated above
22a SIGNATURE				/ /22b. DATE
1 / N - PD (ATTENDING MED.	STAFF	13/63 SIGNED
mas. L. Dall	V · M.		PHYS.	0,00
22c. PHYSICIAN'S NAME (Type)	D. Ta	22d. ADDRESS	, 420	
CHARLES G. L	BALL JR.	X inthecres	V Mix.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d, LOC	ATION (City, town or county)	(Stete)
REMOVAL (Specify)	Crean In	IN CEM. C.	mhaidas	md
130RIA 1-1600 17 11	DIGEN AHU		TRAR 256. REGISTRAR'S SI	CHATURE
24 FUNERAL DIRECTOR'S SIGNATURE TO CURL	ADDRESS	1	00	1.0
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY NNE ACUNDEL o. STATE b. COUNTY DANE ARUNDEL MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUP and give nearest town) ASADENA ASADENA d. NAME OF HOSPITAL (If nat in haspital, give street address) e. IS RESIDENCE STREET ADDRESS OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Month Year Day DECEASED DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE berthdoy) Months Dovs Hours WIDOWED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) LABORER 13. FATHER'S NAME MOTHER'S MAIDEN NAME EATRICE Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Haur o. m. While Nat while ot work of work p. m. 1962, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred a 50 M. from the causes and an the date stated above. 1962 saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR [22d. ADDRESS NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 25g. REC'D BY REGISTRAR

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25b. REGISTRAR'S SIGNATURE wowy S. Thous

25a. REC'D BY REGISTRAR

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IVISIO	ON OF STATISTICAL	RESEARCH A	ND F	RECORDS	- 1	BALTIM	ORE	1, MARYLAND
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	00182	Ttom	CERTIFIC	ATE	OF DEATH	iwk		- 01	1179
	Anne Arundel		MARYLAN		o. STATE South C	h C	institution: OUNTY	Residence befo	re admission)
b	D. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)		OTH OF STAY IN		c. CITY OR TOWN (If o	utside corporate limits,	write RUR	AL ond give nec	rest town)
			r,1 m,14	u.	Columbia	Albert Live		77	x.3
(Crownsville 1. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION	ve street address)			d. STREET ADDRESS				e. IS RESTDENCE ON A FARM?
Z	Crownsville State Ho	spital			R.F.D.#1.B	ox 183			YES NO
	NAME OF Firs		Y Middle		Lost	4. DATE OF	Month	Do	y Yeor
(osie Spra				DEATH	1/	2	19 62
5. S				_	ATE OF BIRTH	9. AGE (I		Months Doys	Hours Min.
6	Male N	WIDOWED [DIVORCED	-	June 6,1909	525Y	yrs.		
00.	 USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) 			NDUSTRY	11. 8IRTHPLACE (Stote	or foreign country)		12. CITIZEN OF	WHAT COUNTRY?
	Laborer	unkn	own		South Car			USA	•
3.	FATHER'S NAME			1.	4. MOTHER'S MAIDEN N	AME			
	Unknown				Edna Spr	V			
S. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCE The control of the control	rvice)		7. INFOR	RMANT		Addres	S	
	Unknown		nown	H	ospital Reco	ords			
	18. CAUSE OF DEATH [Enter only one cou							INTI	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	B	ronchopn	eumo	nia			1	vk
	DUE TO								
	Conditions, if onys which) (b)								
	gove rise to immediate DUE TO								
	lying couse lost. (c)								
9	PART II. OTHER SIGNIFICANT CONE					NAL DISEASE CONDIT	ION GIVEN	IN PART 1(0)	9. WAS AUTOPSY PERFORMED?
2	Mental Defi								YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCU	IRRED. (E	inter noture of injury in F	ort I or Port II of item	18.)		
EDICAL	20c. TIME OF INJURY Month, Doy, Yea Hour o. m.	While No	CCURRED 20e		OF INJURY (Home, form, street, office bldg., etc.		M	(County)	(Stote)
2	21. I certify that (I) (this haspital)	1		ım]	11/18 12	60 to 1/2		19.60 th	at (1) (we) last
	saw the deceased alive an 1/2				h accurred of 110				
	22o. SIGNATURE	. 161.		M.D.	ATTENDING ME				22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) L. BENE	Dict M	·D.		22d. ADDRESS	VILLE S	TATE	Ho	STAC
12-	SUBINI CREMATION 224 DATE THEREO	E Tool N	A OF STATES	V OR CE	EMATORY	22-13 OCATION(/Cib	A		(6)

ADDRESS/

requires that the death certificate be executed within 24 hours after de or attending physician.

certificate has been signed by the ottending physicion and campletely filled in by the earthe burial-transit permit. Then please remave corban papers. Pages 1 and 2 shate as the burial-transit permit. Then please remave corban papers. TO FUNERAL DIRECTORS 3 should be dithe State Board of H TO HOSPITAL OR

VR A15 (4) 15M 9/59

REMOVAL (Specify)

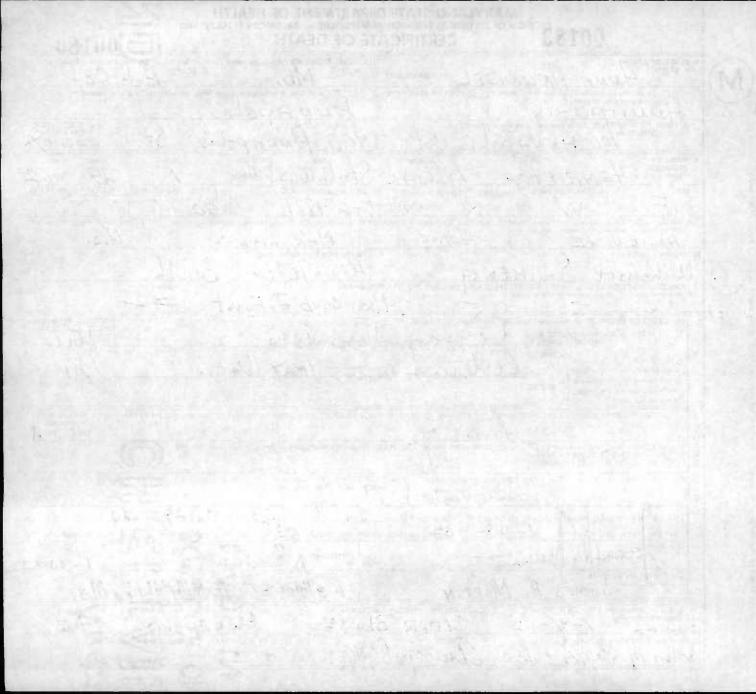
24. FUNERAL DIRECTOR'S SIGNATURE

CA THE Value and party the tentral - Parish was to substanting the second As a compact the letter before the ey march fre C M 5 20 = 250'S Changes We signed the design × ×

or director, TO FUNERAL DIRECTAR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauthe State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death.

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de TO HOSPITAL OR ATT VR A15 (4) 15M 9/59

	UU183 CERTIFICA	TE OF DEATH	00180
	O. COUNTY HUNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If inst o. STATE b. COUL	
	b. CLTY OR TOWN (If outside corporate limits, write CLENGTH OF STAY IN 16 PURAL and give nearest town)	c. CRY OR TOWN (If outside corporate limits, wri	te RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CO ANN APOLIS St.	d. STREET ADDRESS 100 HUNAPOLIS	St, 1 e. 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) HENRIETTA LILLIAN	STALLINGS DEATH	Month Day Year 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1011111	yrs. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME HOME	ISTRY 11. BIRTHPLACE (Stote or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME SAUMENIA	HENRIEHA BAS	14
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. BoyD J. Foust	Address ## 2
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under. lying couse lost. (c)	Thrombosis which /kont/biséne	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.	,
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work 19	ACE OF INJURY (Home, form, 20f. (City or town) coon, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased glive an	ATTENDING MED STAFF	9, 19,62 that (1) (we) last and an the date stated abave. 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) JAMES R. MARTIN	M.D. PHYS. DIRECTOR PHYS. D 22d. ADDRESS 6 S HOW ST. AMMIA	POLIS, MD,
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL SPECIFIC 1-31-62	OR CREMATORY Shy I I PINN APPLE	wn, or county) (State) his MD.
	24 FUNERAL DIRECTOR'S SYGNATURE) JOHN MOPRESS CHUOPOL	250. REC'D BY REGISTRAR 256. F	EGISTRAR'S SIGNATURE
ŀ	V /		A. Threat



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00184 CERTIFICATE OF DEATH 00181

7	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission)
I,	a. COUNTY Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporata limits, writa RURAL and give nearest town)
1	Annapolis	/O Annapolis
3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Anne Arundel General Hospital	Vec C NO C
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yaar
4	(Type or print) Joseph	TALLEY January 5 1962
-1	5. SEX 6. COLOR OR RACE 7. MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	January 23, 1883 78 yrs. Months Days Hours Min.
	10s. USUAL OCCUPATION (Giva kind of work dona during most of working life, evan if retired)	
-	ENGINEMAN 2,5 YoumT	Wo man and
	13. FATHER'S NAME	Maryland U.S.
	WILLIAM TALLEY	MARY TRAVIS
П	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address
	(Yes, no, or unkown) (Ifyasgivawarordatasofservice)	mnie C. Nalley (2)
	18. CAUSE OF DEATH [Enter only one cause paging for (e), (b), and (c),]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
	DUE TO	1 01170-
	REWAL F	ALLIPE 7 DAVS
	geva rise to immediate causa	TINONE
	(a), stating the undarlying DUE TO	8 YEARS
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	OIL	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH III FIFTHER. NOTIFY MEDICAL EXAMINER)	. (Entar natura of injury in Part I or Part II of itam 18.)
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	U I I I I I I I I I I I I I I I I I I I	CE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata) ory, streat, office bldg., etc.)
	Hour a.m. While Not While at work at work	, y, and a, a mad a mag y, a may y
	21. I certify that (I) OXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Dec. 31, 1961, to Jan. 5, 1962, that (1) 1969 last
		death occured at
e,	22a. SIGNATURE	1:1) PM 22b. DATE
	Munich Ser	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. SIGNED
	22c. PHYSICIALIS	22d. ADDRESS
	NAME (Type) Edward. S. Beck, M.D.	71 Franklin St., Armapolis, Md.
	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 234 LOCATION (City, lown or county) (State)
	Durial 1-8-62 Reday 08	luft (Imapoles ma
	24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	258, REC'D BY REGISTRAR 26. REGISTRAR'S SIGNATURE
	Julin M. Sayar Suns Comapo	les Me DATE JAN 9 '62 arthur & Krans
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7.30 100 100 as Schooling one ale with the Sale fed and in the land of the control of the Andrews No. 1882 . Car Merria 7 2015 25002 REMAL FRANCE 8 1/2013 GOUTT the callegand and milking of the country of the country and STATE OF THE STATE OF THE STATE OF CHILDREN TO THE SELECTION COMMENTS AND STREET AND STREET COMMENTS AND STREET AND STREET

Boar retained he State B death. ive Pages 1, 2, and 3 to the PM3. Page 5 may be refer pages 1 and 2 with the within 72 hours after d hin 24 Give P with form P permit-file p thould be executed with it in pencil in Item 18. of Office along with for a burial-transit permit—it movel, and in any ever r's Office as a burial-ti "pending" Examiner's 9

e certificate, writing the word "pend anded to the Chief Medical Examin IRECTOR: Page 3 should be used agent, prior to burial, cremetion, o forwarded to the slease execute the should be forward. FUNERAL DIF DEPUTY 0 Z40 9 VS. AISME

308 3-9 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceesed lived, If institution: Rasidanca before edmission) . COUNTY Anne Arundel Anne Arundel County MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) 401 Paradise Road - Riva. Md. genalog leo d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO 3. NAME OF Middle Last 4. DATE Month Day Yeer DECEASED OF (Type or print) DEATH CHARLES 1962 Jan 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. lest birthdey) Months Doys Hours male white WIDOWED [DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME Maryland -U.S.A. ROBERT COLLINS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgiva war or dates of servica 18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute laryngeal tracheitis and IMMEDIATE CAUSE (a) interstitial pneumonitis DUE TO Conditions, if eny, which (b) gave rise to immediate couse DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 4 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury In Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form.) Month, Dey, Yeer 20f. (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) While Hour e.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy 4 Inspection Inquiry and in my opinion death resulted from: Natural causes Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER X X when ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S January 5, 1962 NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION .. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) BURIAL 1-10-62 WASHINGTON. 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR JAN 1 1 '62 Linkhur d. Thank 5M 9/60 DATE

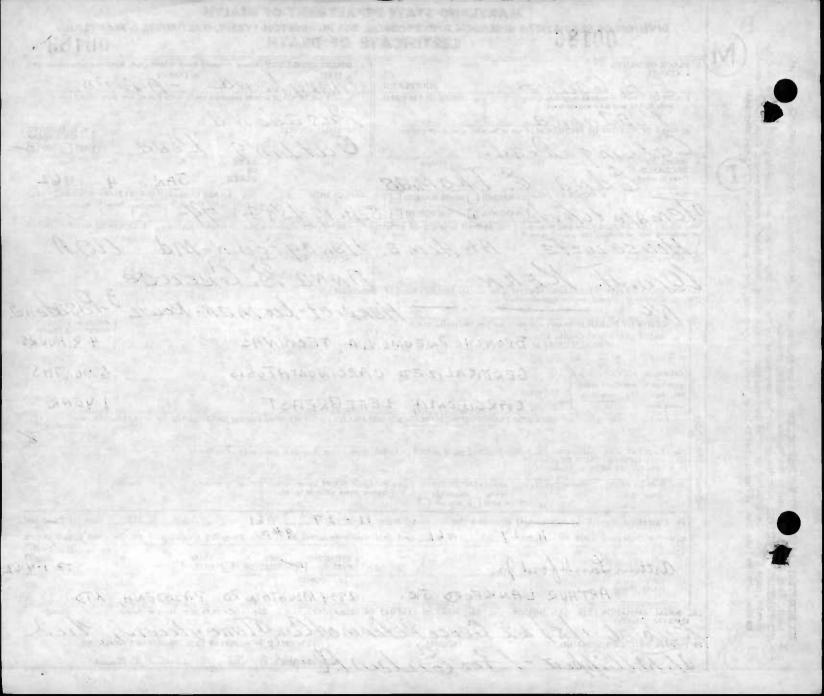
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 00183

7 1	PLACE OF DEATH		2. USUAL RESIDEN	CE (Whare decease		lesidence before admission	on)	
	a. COUNTY 1 (Va		STATE	1-1 med	b. COUNTY	do		
-	17. 6 CLENTY	MARYLAND	MARY	dha	-/7,/7	. (0)		
	b. CITY OR TOWN (if outside corporate limits/ c. L. write BURAL and give neerest town)	ENGTH OF STAY IN 16	c, CITT OK TOWN (t outside corporete	limits, write RURAL en	give nearest town)		
	133dera		X Paca	Jan 2				
/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel,	give street address)	d. STREET ADDRESS	CONS		e. IS RESIDEN	CE	
	M 11 0 1		011	. ,_	1) -1	ON A FARA		
_	Cuthing-Read.		Outl	1119	roda	YES NO	4	
3.	NAME OF First	Middle	Last	4. DATE	Month	Day Year		
	(Type or print)	hanana		OF DEATH	JAN	4 1962		
-	100Nd (9. 11	COMAS	DATE OF BIRTH		-1170.		15	
13	SEX 6. COLOR OR BACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH		E (In years IF UNDER 1 birthday) Months	Deys Hours Min.		
0	temala 1/hails WIDOWED I	DIVORCED S	oft. 17-18	17 7	Gyrs.	7,10013		
10	Da. USUAL OCCUPATION (Give kind of work 10b, KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE (Coun	ty & State, or foreig	h country) 12. CIT	ZEN OF WHAT COUNT	RY?	
d	one during most of working life, even if petired)	. /	11	/	111	1121		
	HOUSE WITE 17th	HOME	12NG41	TOWN-	-/V/d	USH.		
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	/			
	10/20 11 Wrhy		DANT	13 /	101100			
4	WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCI	AL SECURITY NO.1 17. I	NFORMANT	O, Kek	Address	0 -		
()	(es, no, or unkown) (Ifyes give wer or detas of service)	AL SECORITI NO. 17. 1	NICKMANI	,	Address	19 Di 1	/	
	NO -	Ha	ppiet-Li	CMAN	- Route	-105 Ado	wood	
	18. CAUSE OF DEATH [Enter only one cause per line for	(e), (b), end (c).]		- / - / - /				
	PART I. DEATH WAS CAUSED BY:	2				ONSET AND DEATH		
	IMMEDIATE CAUSE (6) BRONCH	OPNEUMON	ITA IERMI	NAL		4 8 HOU	K2	
) O VOUE TO							
	Conditions, if ony, which (b) GENERALIZED CARCINOMATOSIS GMONTHS							
	gave rise to immediate cause							
	(a), steting the underlying DUE TO		00-44	-		LUENO		
	causa last. (c) CARCI.	UOMIT, LE	FT BREAS	7		IYEAR		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CON	TION GIVEN IN PART			
NOLL						PERFORMED?	0	
2					10.1	1123 [] 140 [
CERTIFICA	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE OR CONTRIBUTING 2 CAUSE OF DEATH	HOW INJURY OCCURED.	(Enter nature of injury in	Part I of Part II of III	m 18.)			
Ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
13	20c. TIME OF INJURY Month, Day, Year 20d. INJUR	Y OCCURRED 200. PLA	CE OF INJURY (Home, farm	n, : 20f. (City or to	own) (Cou	nty) (Stete)		
MEDICAL	Hour a.m. While		ory, streat, office bldg., etc.					
×	p.m. 19 at work	at work						
	21. I certify that (I) (this hospital) attended	the deceased from.	11-27	19.61 to		that (1) (we) 1	ast	
	saw the deceased alive on 11-27							
		ly, and mar	death occured an.t.	z.m, from the	causes and on			
	226. SIGNATURE		ATTENDING .	MED. ST	TAFF	22b. DATI		
	arthur Landsford h.	M.			iys.	12.1-	4-67	
	22c. PHYSICIAN'S		22d. ADDRESS					
	NAME (Type) ARTHUR LANKFO	en Te.	2934 MAN A	TAIN PO	PASADENA	1/2		
_						/	=	
2:	3a, BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or count	y) (State)	,	
		DACE PETO	emad Com	Olanis	utren	1. 1/11 X		
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS_1			25b. REGISTRAR'S	SIGNATURE	-	
1 2	TONERAL DIRECTOR'S SIGNATURE	1	M. M.	DI REGISTRAK	TOO! NEGISTRAN S	0.0		
	18 4 (18) 1 1 1 1 1 1 1 1 1 1 1 1		DATEA	8 '62	Cirthun S.			

he funeral 2 should death. Page 4. The Lorentz of the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the ettending physician and completely filled the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITAL OF death. Page 4. TO FUNERAL DISI



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH DOTOR

00184

			Reg. Di	st. No.
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution: Resident ippi b. COUNTY Alc	orn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Pt George & Meade	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	otside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS	61X	e. IS RESIDENCE
Kimbrough Army Hospital		210 South Pa	rkway	YES NO
3. NAME OF First DECEASED (Type or print) Henry	Middle Oneal	Thomas	4. DATE Month OF January	Day Year 1 19 62
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE		B. DATE OF BIRTH 26 Nov 1928	9. AGE (In years lost birthday) 33 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Soldier	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole o Kentucky		TIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Deceased		Deceased		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) Oct 1949 to date 4	the state of the s	ersonnel Recor	ds US Army Et Geor	ge G Meade, Mc
Canditions, if any, which gave rise to immediate cause (o), stating the under-lying cause last.				immediat
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
	TRIBE HOW INJURY OCCURRE		art I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not while of wark Rt		Odenton, Anne Aru	County) (State) and el, Md
21. I certify that I attended the decease alive on 1 Jan 196 ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S SHERMAN S. ROBINS NAME (Type)	ed from 1 Jan 12 a. and that death	, 19 62, to 1 occurred at 0612A Kimbrough A		last saw the deceased
220. BUDIAL CREMATION, PERMOVAL (Specify) 3/69 23. BUNERAL DIRECTOR'S SIGNATURE 4	29 NAME OF CEMETERY A Coleman Th	uneral Home	Countly- m	(State)
6306 - Below Rous	Baltemore	-6, and DATE JA	BY REGISTRAR 246. REGISTRAR'S SIGN 5 '62 Chilling 2	E. Krams

director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the page 3 should be defacted for use as the burial-transit permit. Then please remave corbon pagers. Pages 1 and 2 shouth the registror prior to burial, cremotian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

90109		CERTIFICA	ATE OF DEA	TH		00	185	
PLACE OF DEATH a. COUNTY Anne Ar	undel	MARYLANI	a. STATE Man	NCE (Where decess	b. COUNTY			
b. CITY OR TOWN (if outside corp	porate limits,	c. LENGTH OF STAY IN 1		(If outside corporate	limits, write R	URAL end give r	neerest town)	
Anna polis	town)	6 days	X Bev	erly Beac	h			
d. NAME OF HOSPITAL OR INSTI	TUTION (it not in hospi	itel, give street eddress)	d. STREET ADDRES	- 0			e. IS RESIL	
Anne Arundel Gene	ral Hospit	al	312	Lake Vie	w Ave.		YES N	
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year	
(Type or print)	Homer	F,	TRIPP	95.00 M 8010.0	January	19	1962	
5. SEX 6. COLOR	OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	378 9. At	GE (In yeers IF		IF UNDER 24	
Male Whit		DIVORCED	Nov. 9, 18	378	8B yrs. "	Aonths Deys	Hours	Min.
10a. USUAL OCCUPATION (Give kind doze during most of working life, even		OF BUSINESS OR INDU	1	unty & State, or fore	ign country)	12. CITIZEN O	F WHAT COL	UNTRY?
draftsman	Buo	Hubbio Road	OHITC			U	.S.	
13. FATHER'S NAME	TOIDA		14. MOTHER'S MAIDE	N NAME				
James U	1 15111		ank	rown_				
15. WAS DECEASED EVER IN U.S. A! (Yes, no, or unknown) (Ifyesgive were		OCIAL SECURITY NO. 17	INFORMANT	y Tribb	Address 590.	3 332	/avz	
NO	/>	IONE 7	1/1. Walliam	A South	Hyatto	ville 16	mal	
18. CAUSE OF DEATH [Enter	-	ne for (e), (b), end (c).]		. 0.	0	ON	SET AND DEA	ATH
IMMEDIATE C		le gul	monary.	eden	4		tur	L
2/00	DUE TO DE	art face	ure 1	. /	11+		40/	
Conditions, if eny, which geve rise to immediate ceuse	(b) me	chance-	e small	bowel	obser	uclim	1000	w
(e), steting the underlying	DUE TO							
cause lest.	(c)							
PART II. OTHER SIGNIFICAN	IT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE CON	IDITION GIVEN		PERFORM	
2Do. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CHIP EITHER, NOTIFY MEDICAL EX	F DEATH	RIBE HOW INJURY OCCU	RED, (Enter neture of injury	in Part I or Part II of i	tem 1B.)			
20c. TIME OF INJURY Month Hour e.m.	n, Dey, Yeer 2Dd. IN While 19 at work		PLACE OF INJURY (Home, for fectory, street, office bldg., e		lown)	(County)	(Ste	ete)
21. I certify that (i) (th		ed the deceased fro	m 1-13	196210	Jan. 19	19 62 1	hat (I) (3K	X last
saw the deceased alive of	Jan 1	9. 19 62 and the	hat death occured at.	M. from th	e causes ar	d on the da	ite stated i	above
220. SIGNATURE	1/1)	1		(:4) PM			226.	DATE
a rober	o Tak	me L.	M.D. PHYS.		STAFF PHYS.		- /	SIGNED
22c. PHYSICIAN'S Barbe	er C. Palme	r	22d. ADDRESS	77 Frankli	n St	Annapol		
	TATA STANCE OF THE STANCE OF T		XV DAY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AND THE PROPERTY OF THE PROPER	ewatters,	PRESERVE		
23a. BURIAL, CREMATION, 23b. C REMOVAL (Specify)	n 23,1962	23c. NAME OF CEMETER	il Coemter	Suit	land	mary Mary	Cons	1
W. W. Enumber	RE 60. Or	werlale, M	Paryland 250. VE	AN 23 '62	2Sb. REGIS	TRAR'S SIGNAT	URE	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

-0.0		
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
	A A MARYLAND	a. STATE b. COUNTY A R
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	HARWOOD 21 MONTHS	XHarwood
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE
		ON A FARM? YES NO
3,	NAME OF DECEASED First Middle	Last 4. DATE Month Dey Year OF
	(Type or print) DISIC MAE	UCKER DEATH Jan 3 1960
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. MOST IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	emale windowed Divorced -	VAN 20,1810 0 - yrs.
10.	B. USUAL OCCUPATION (Give kind of work pine during most of working life, even if retired)	11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewite	CHANEY STATION, Md. USA
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Bentamin Hardasty	SARAH C. CHANEY
15		INFORMANT Address
(1)	es, no, or unkown) (Ifyesgivewarordates of service) 218-36-3995	DC Mi Diam Hydrety / Harry Med.
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	RS MIRIAM Mardesty Lothidh INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Months and Death
132	IMMEDIATE CAUSE (a) Conary	provide provide
	Conditions, if any which the Artour Dura	in Ol Lanence 15 mm
	gave rise to immediate cause	no CV. James 10 y/o
	(a), stating the underlying DUE TO	
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY
1 OE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED?
S	Three previous Covonava	PES NO E
CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH). (Enter nature of injury in Part I or Part II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) tory, streat, office bldg., etc.)
MED	p.m. 19 at work et work	
19	21. I certify that (I) (this hospital) attended the deceased from.	June 1947, to 3 Jan 1962, that (1) (we) last
	saw the deceased alive on 16 Len 1961, and that	death occured at
	22a. SIGNATUKE	22b. DATE
	(KIII hasa)	ATTENDING MED. STAFF PHYS. SIGNED
6	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) 1/7/62 MT 210N	Lothian Mil
24	FUNERAL DIRECTOR'S, SIGNATURE ADDRESS . AN	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Berns of Hardeste Helesvelle	MICE.
1 =	200001110	DATE OALL 10 02 Chicking & Thanks

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY Hun havindal. b. COUNTY MARYLAND c. CITY OR TOWN fit outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neeres +14201 e in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? tate Hospilat YES NO Middle 4. DATE Month DECEASED DEATH (Type or print) 196 6 IF UNDER 24 HRS. AGE (In years | IFONDER 1 YEAR MARRIED TO NEVER MARRIED last birthdey) Deys Months Hours WIDOWED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Yourse we 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediata causa DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)) 19. PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) Month, Dev. Year fectory, street, office bldg., etc.) Not While Whila Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from 12.29.... 1961, to 12 (1) (we) last 220. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION. 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S

NO

(Stele)

22b. DATE

(Stala)

arthur S. Kenes

SIGNED

atten by physicia signed burial-transit the hospital or an this certificate has as of O HOSPITAL death. Page 4 TO FUNE director, p VR A15 (4) 15M 9/60

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CERTIFICATE OF DEATH

		CERTIFICA	75/62	1111		
1. PLACE OF DEATH o. COUNTY	Anne Arund	el MARYLAND	2. USUAL RESIDEN	MC .	lived. If institution: Reb. COUNTY	esidence before admission)
RURAL and give	(If autside corporate limits,		A	VN (If outside corpora		ond give nearest town)
d. NAME OF HOSE OR INSTITUTE	PITAL (If not in hospital, given Pamela Roa	street address)	s. STREET ADD	RESS l Pamela	Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	lost Web1	4. DATE OF DEATH	Month Jan.	30 Year 19 62
S. SEX	4.0	MARRIED NEVER MARRIED DIVORCED DIVORCED	Feb. 9,	1878	AGE (In years lost birthday) 83 yrs. IF UI Mor	NDER 1 YEAR IF UNDER 24 HRS
House	TION (Give kind of work do orking life, even if retired) ewlfe :	Own Home	Ba	ltimore,	Md.	2. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME	ugust Schwa	rtz	14. MOTHER'S MA		Vock smuth	
	VER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17	Mrs. L.		Address	
Conditions, if gove rise to couse (a), stotin lying couse los	immediate g the under-	TIONS <u>CONTRIBUTING TO DEATH.</u> B	UT NOT RELATED TO TH	IETERMINAL DISEASE	CONDITION GIVEN IN	N PART 1(o) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIL	NG CAUSE OF DEATH	Db. DESCRIBE HOW INJURY OCCUR				YES NO
WE OF INJUST OF THE OF INJUST OF THE	10	20d. INJURY OCCURRED 20e. While Not while of work	PLACE OF INJURY (Hon foctory, street, office bl	ne, farm, 20f. (City of dg., etc.)	or town)	(County) (State
saw the dece	hat (1) (this hospital) cosed olive on	ottended the deceosed from	//	1 //		19.62, that (I) (we) last the date stoted obove
220. SIGNATURE	mul (t	ulin	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNEI 1/31/62
NAME (Type	Samuel F	Rubin, M.D.	2	01 Patap	sco Ave,	Balto.25
23a. BURIAL, CREMAT REMOVAL (Special Buria	1 2/1/62	Glen Have	n Memoria	1 Glen	ON (City, town, or cou	Md.
24. FUNERAL DIRECTO	90,4	v. Gven Burni	and the second second	a. REC'D 8Y REGISTR		R'S SIGNATURE

TO HOSPITAL OR AZZANT PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter december the control of an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the image 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 hours ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00192

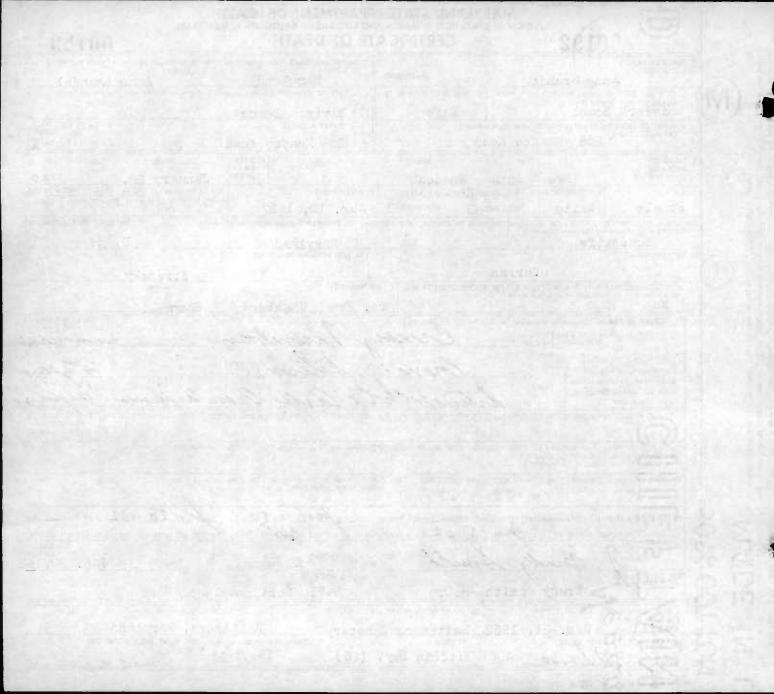
CERTIFICATE OF DEATH

00189

-	PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUNTY	an: Residence befare admission) Anne Arundel		
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Riviera Beach	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Riviera Beach					
	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION 258 Meadow Rose		d. STREET ADDRESS 258 Meador	w Road	e. IS RESIDENCE ON A FARM? YES NO		
3	NAME OF DECEASED (Type or print) Mae Anna	Middle Weedon	Last	4. DATE Mon			
3	S. SEX 6. COLOR OR RACE 7. MARRI Female White WIDOWE	ED NEVER MARRIED	B. DATE OF BIRTH Aug. 10, 188	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR Manths Days Haurs Min.		
	Oa. USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired) Housewife	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Maryland	ar foreign cauntry)	U. S.		
)	3. FATHER'S NAME Curran		14. MOTHER'S MAIDEN N		amsky		
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown)	SOCIAL SECURITY NO. 17.1	nformant s. Erma Chaml	Add			
4	PART I. DEATH (Enter only one cause per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under. Iying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CON CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Comar	Jelusse tie laudis	Cascular A NAL DISEASE CONDITION GIV	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH STATE STATE VEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO DEATH		
	20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. While		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	, 20f. (City or town)	(Caunty) (Stat		
	21. I certify that (I) (this haspital) attends aw the deceased alive an	15,1962 and that	M.D. ATTENDING M. PHYS. DI 22d. ADDRESS	M, fram the causes ar	A, 1962, that (I) (we) land an the date stated above 22b.DATE SIGNE Jan. 30,		
	230. BURIAL, CREMATION, 23b. DATE THEREOF BUTLE 1 Jen. 31, 1962 24. FUNERAL DIRECTOR'S SIGNATURE 400	23c NAME OF CEMETERY C Baltimore C ADDRESS 1 Ritchie Hwy.	emetery 25a. REC'	FR 1 ICA			
	George J. Gonce						

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after **D FUNERAL DIRECTOR**: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sha the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death. al or attending physicion. TO FUNERAL DIRECTOR VR A1S (4) 15M 9/59

or director, be filed with



2 should TO HOSPITAL OR A LIDING PHYSICIAN: The law requires that the death certificate be executed within 24 be death. Page 4 n be led by the hospital or attending physician.

TO FUNERAL DECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

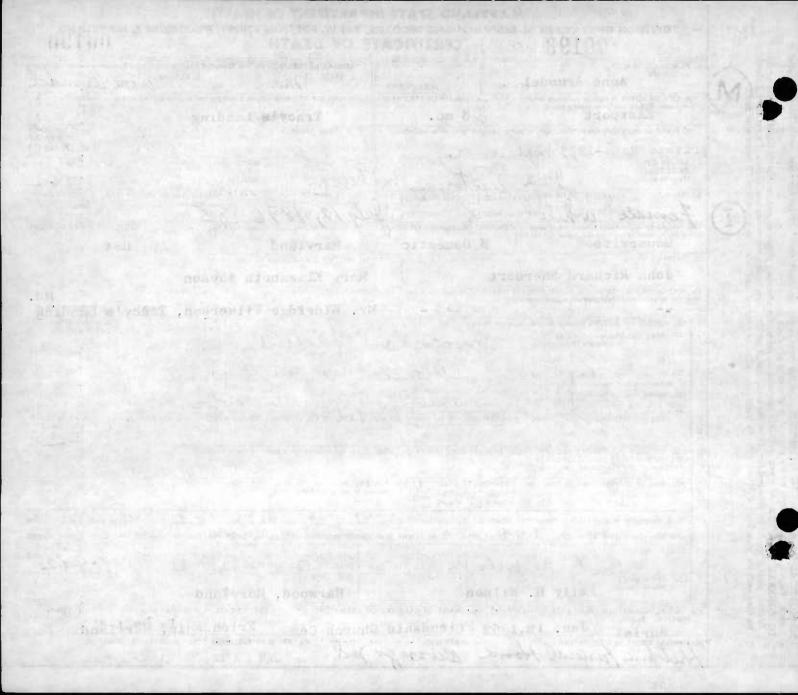
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MADVIAND STATE DEDADTMENT OF HEALTH

	HARIBAND SIAIR DE	AKIMENT OF	10/30111	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON S	STREET, BALTIMORE	1, MARYLAND
00193	RESEARCH AND RECORDS, CERTIFICATE	OF DEATH		00190

a. COUNTY Anne Arundel b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) WERKL and give neerest lown) Anne OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPITAL OR INSTITUTION (if not in hospitale, give street address) OF LOAR OF HOSPI				
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d. STREET ADDRESS o. 15 RESIDENCE ON A FARMY YES NO 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRI				
Drivate home -1223 McKinley St. 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED St. WILDOWED MINORCED HUNGLISH ST. MONTH DEATH ST. MONTH DEATH ST. MONTHER'S MAIDEN NAME JOM USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) B Domestic Maryland USA 13. FATHER'S NAME JOHN Richard Sherbert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give were or detectoservice) PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave itse to immediate cause (a), stelling the underlying gave rise to immediate cause (a), stelling the underlying gave rise to immediate cause (a), stelling the underlying (c) TEXT OF THE REMEMBER OF THE PART II (a) 11 PART II (a) 11 P. WAS AUTOPSY TEXT OF THE REMEMBER OF THE PART II (a) 11 P. WAS AUTOPSY TO MARKED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) 11 P. WAS AUTOPSY TO MARKED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) 11 P. WAS AUTOPSY TO MARKED THE PART II (a) 11 P. WAS AUTOPSY TO MARKED THE PART II (a) 11 P. WAS AUTOPSY TO MARKED THE PART II (b) 11 P. WAS AUTOPSY TO MARKED THE PART II (a) 11 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART II (a) 12 P. WAS AUTOPSY TO MARKED THE PART				
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Competition				
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY				
PERFORMED? YES NO OCCURED. (Enter neture of injury In Part I or Pert II of itam 18.)				
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Port II of itam 18.)				
GR CONTRIBUTING CAUSE OF DEATH				
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)				
Hour a.m. Hour a.m. While Not While factory, street, office bldg., etc.				
21. I certify that (I) (this hospital) attended the deceased from 1 - 6, 196.2, to 1 - 9, 196.5, that (I) (we) last				
saw the deceased alive on				
22e. SIGNATURE 22b. DATE ATTENDING MED. STAFF 22b. DATE				
Dril A. Men M.D. PHYS. DIRECTOR PHYS 1-9-62				
22c. PHYSICIAN'S NAME (Type) The state of th				
Emily H. Wilson Harwood, Maryland				
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)				
Burial Jan. 12,1962 Friendship Church Cem Friendship, Maryland				
24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS . 250. REGISTRAR'S SIGNATURE				
Stutchins funeral Home. Owings Ind. DATE JAN 12'62 and 8. Home				

VR A15 (4) 15M 7/61



VR A15 (4)

MARYLAND STATE DEPARTMENT OF THE STATE OF DEATH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1111 31 00194

a. COUNTY			e, STATE	b. COUNT		Detote equipmon)
	Anne Arundel	MARYLAND	3.0	vland	Anne Arur	ndel
b. CITY OR TOWN (if a		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporata limits, write	RURAL and give nea	rest town)
4 2			10 Ann	enolis		
d. NAME OF HOSPITAL	L OR INSTITUTION (if not in	hospital, giva streat eddrass)	d. STREET ADDRESS	apolis		. IS RESIDENCE
						ON A FARM?
	General Hosp			Bayridge Ave.		YES NO X
3. NAME OF DECEASED	First	Middla	Last	4. DATE Month	Dey	Yeer
(Type or print)	Mabel	for ,	WOOD	DEATH Januar	v 12	19 62
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 1 B	DATE OF BIRTH	9. AGE (In years)		UNDER 24 HRS.
		THE PART OF THE PA	0-1120	last birthday) %5 yrs.	Months Days I	Hours Min.
F male	11117.00	. KIND OF BUSINESS OR INDUSTR	Sept. 4, 18		12. CITIZEN OF V	WHAT COUNTRY?
done during most of worki			III, BIKINPLACE (COL	inty & State, or loteign country)	12. CITIZEN OF	WIIAI COOMIKII
17005C1	vite !	Own Home	Delawa	re	U.S	5.
13. FATHER'S NAME	<u>\(\) \(\)</u>		14. MOTHER'S MAIDEN		1.	
1 dob 1	Griscom		Sarai	1 Stewar	T	
15. WAS DECEASED EVER		16. SOCIAL SECURITY NO. 17	NFORMANT ()	Address	15	
(Yes, no, or unkown) (Ifya	asgive war or dates of servica)	- 9	olm J.	Nova Yr-	8)
The Carrest On Dec	W MANY IC	10.	A		Larren	VAL BETWEEN
					ONSE	LAND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)					300721
42	O ODUE TO	1	1 (///	101		0
Conditions, if eny,	which 7 (b)	Clicy De loan	the //e.	at Wisens		
gava risa to immadiate	causa			1 21 0 000		
(e), stating the und	arlying DUE TO				28 3 30	
causa last.) (c)					1111 C 1117 C D C 11
PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PARI 1(0) 19.	WAS AUTOPSY PERFORMED?
TA I	Sevilit	4			YES	NO XX
PART II. OTHER S OF CONTRIBUTING CONTRIBUTIN	UNDERLYING [206.	DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in	n Pert I or Part II of itam 18.)		
OR CONTRIBUTING	EDICAL EXAMINER)					
ZOC. TIME OF INJURY	/ Month, Day, Yeer 20	Dd. INJURY OCCURRED 2Da. PLA	CE OF INJURY (Homa, fa	rm, ' 20f. (City or town)	(County)	(Stata)
20c. TIME OF INJURY			ory, street, offica bldg., at		(000)	(0.0.0)
₹ p.m.	19 at 1	work et work	1			
21. I certify tha	it (I) MINGONOSINOSI) atl	lended the deceased from	Jan. /	1960 to Jan. 1	2., 19.62, tha	t (1) (XXX) last
saw the deceased	dalive on Jan.	12, 1962, and that				
22e. SIGNATURE			2:00	O PM		22b. DATE
77	111	and the state of t	ATTENDING	MED. STAFF PHYS.		SIGNED
- COOL	19 1 noun	M	.D. PHYS. 22d. ADDRESS	DIRECTOR PHIS.	-	77-63
22c. PHYSICIAN'S NAME (Type)	Towns D. Wa			04	Ma	
	James R. Ma:	rtin	o Snaw	St., Annapolis,		
23a. BURIAL CREMATION	N. 236. DATE THEREOF	23c. MAME OF CEMETERY	OR CREMOTORY	23d. ADCATION (City, tow	n or county)	n (State)
Sucial	1715-62	Cedar B	1011	Hnnapolk	5	19d.
Z4 FUNERAL DIRECTOR'S	SIGNATURE /	ADORESS	1. n / 25a. R	EC'D BY REGISTRAR 256. REG	ISTRAR'S SIGNATUL	RE
When sh.	[Aulmi i h	m (Immory	in Mrs		0 11	
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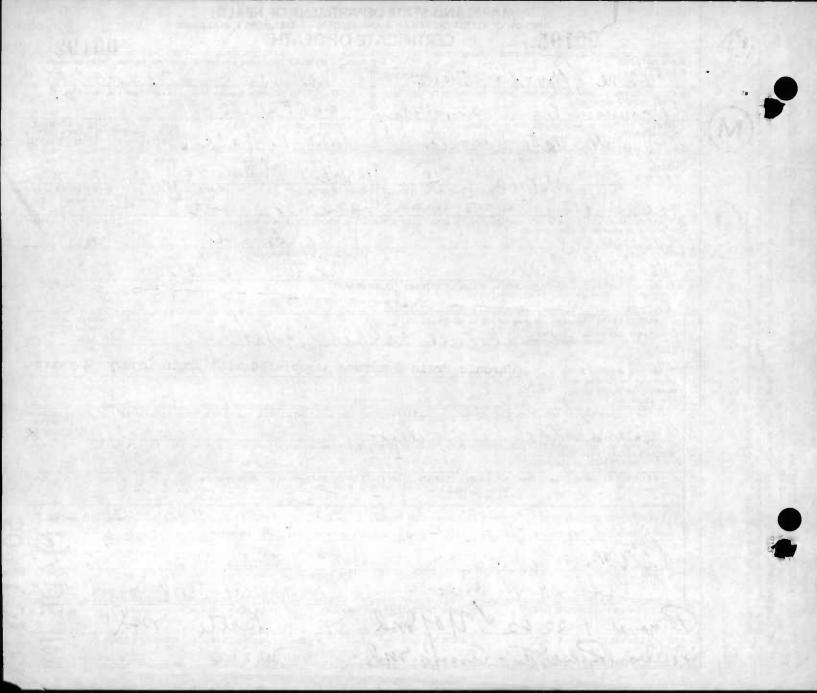
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capt. A, 1876

damen . Mastell

	CERTIFICATE OF DE	ATH	00199
	PLACE OF DEATH O. COUNTY O. SHAPE O. SH	ENCE (Where deceased lived. If institution: Reside b. COUNTY Baltum	nce before admission) see City
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RANGE 3 Aug 3 Aug 6	OVIN A outside corporate limits, write RURAL and	give nearest town
	d. NAME OF HOSPITAL (If not in hospital, give street/address) OR INSTITUTION ON WASHINGTON (605)	M. Paca Sheet	ON A FARM? YES NO
	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print)	4. DATE Month OF DEATH	Day Yeor 19 62
S. :	SEX 6. COLOR GR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 12-25.	9. AGE (A fals of Trunge lost brindoy) 42 yrs. Months	R 1 YÉÁB 1F UNDER 24 HRS Days Hours Min.
10a	Id. USUAGOCCUPATION (Give kind of work done during most of working life, even if retired)	CEE (State or foreign country) 12. CI	S. A WHAT COUNTRY
13.	FATHER'S NAME YES YES	the Yorker.	
	(es. no. or unknown) (If yes, give worder dates of service) (17. INFORMANT)	Address	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), fand (c).] PART I. DEATH WAS CAUSED BY:	D. F	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. Chronic Brain Syndrome Ass DUE TO	ociated with Brain Inju	ry 4 years
CERTIFICATION	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED TENTER noture of OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not white foctory, street, office of work of work	lome, form, bldg., etc.)	(County) (State
	21. I certify that #P(this haspital) attended the deceased fram	at 7 COMA, from the causes and an the	that (#) (we) lass ne date stated above 22b. DATE SIGNED
230	Se BURIAL, CREMATION, 23b. DATE THEREOF 135 NAME OF CEMETERY OR CREMATORY SEMOVAL (Specify) 1-22-62 11 11 11 11 11 11 11 11 11 11 11 11 11	23d tOCATION (City, town or county)	X'
210		250. REC'D BY REGISTRAR 256. REGISTRAR'S S	J. Yima



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- 12						
	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence admission)				
1	Anne Arundel MARYLAND	e. STATE Maryland b. COUNTY Arme Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
I	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
	Annapolis 7 days	X RURAL - Millersville				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE on a FARM?				
1	Anne Arundel General Hospital	Box-249				
	3. NAME OF First Middle DECEASED (Type or print) Marie	ZEMAN DEATH January 8 19 62				
		. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.				
	- A CONTRACTOR OF THE PROPERTY	last birthdey) Months Deys Hours Min.				
	Female White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	Sept. 17, 1887 74yrs. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					
	Housework Own Home	Maryland U.S.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
1	John Chlad	Mary (Unknown)				
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address				
7	(Yes, no, or unkown) (Ifyes give wer or detes of service)					
	18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), end (c).]	Mr. Stephen Zeman Same As #2				
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH				
	IMMEDIATE CAUSE (a) Cerebral thromboses I days					
-	4 DUETO					
-1	Conditions, if eny, which \ (b) arterio Art	esotes cardes-				
	geve risa to immediate ceuse	1				
П	(e), stating the undarlying DUE TO	ac/ dispaso) Several 4				
d	ceuse lest. (c) Value	or australia pieces continue and the was all took				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED					
	8	YES NO •				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OCCURED OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)), (Enter neture of injury in Part I or Pert II of item 18.)				
	Hour a.m. While Not While fect	lory, street, office bldg., etc.)				
	21. I certify that (I) (this position) attended the deceased from.	Jan. 7, 1962 to Jan. 7, 1962, that (1) (30) last				
	saw the deceased alive on Jan. 7. 19.62, and that	death occured atM, from the causes and on the date stated above.				
	22a. SIGNATURE	ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED PHYS. 22b. DATE SIGNED				
	22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS. 7/64				
	NAME (Type) Sylvia Lim, M.D.	Mayo Road, Edgewater, Md.				
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY					
	REMOVAL (Specify) Burial 11th Jan 1962 Glen Haven M	Memorial Pk. Glen Burnie, Maryland				
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D 8Y REGISTRAR 256. REGISTRAR'S SIGNATURE				
,	P. V- Similar Glen Burnis	Md DATE JAN 9 '62 arthur & Kraus				
	TELL DUTILLE	19 110				

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Turn noun - Mr. Weeding Tenan - date 20 /2

STIVIS LATE.

PLACE OF DE a. COUNTY h. CITY OR T RURAL and Glen

d. NAME OF OR INSTIT

Male 10a. USUAL OC

Not 13. FATHER'S NA

230. BURIAL, CREMATION.

REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

23b. DATE THEREOF

15. WAS DECEA Unknow 18. CAUSE PAR

5. SEX

Pla NAME OF DECEASED (Type or prin

TO HOSPITAL OR

	RYLAND STATE D		F HEALTH IMORE 1, MARYLAND		
Item	CERTIFICA	TE OF DEATH	/16/62	00194	
Ace of DEATH COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W a. STATE Marylar	here deceased lived. If institution: Resid b. COUNTY	ence befare admission)	
CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURAL and	d give nearest tawn)	
Glen Burnie	7 778.	Baltimore City 3 101-4			
NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS			
Plaza Manor Nursing H	ome	901 Fell S	901 Fell Street		
AME OF First ECEASED ype or print) Adolph Zonglovi	Middle	Last	4. DATE Month OF DEATH January 6.	Day Year 19 62	
1100-11	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND	ER 1 YEAR IF UNDER 24 HRS.	
Male W WIDOW	ED DIVORCED	? 1883	78 yrs. Manth	Days Haurs Min.	
USUAL OCCUPATION (Give kind af wark dane lob. during most of working life, even if retired) Not known	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State		Not known	
ATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Unknown		Unknown			
VAS DECEASED EVER IN U. S. ARMED FORCES? 16. no, or unknown) (If yes, give wor or dates of service)		NFORMANT	Address		
nimown	213-18-3299 M	iss Malean Ba	alto. D.P.W.		
IB. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne far (a), (b), ond (c).]	cardiovascula	ar disease	onset and death 8 yrs.plus	
400 DUE TO					
Conditions, if ony, which (b)					
gave rise to immediate cause (a), stating the under-					
lying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERA	AINAL DISEASE CONDITION GIVEN IN P	ART 1(g) 19. WAS AUTOPSY	

Condifio gave ris cause (a), lying caus CERTIFICATION PERFORMED? Jacksonian epilepsy secondary to skull fracture and subdural hematoma

200. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) YES NO 20c. TIME OF INJURY 20f. (City ar town) Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark ot wark p. m. 21. I certify that (I) (this hospital) attended the deceased from February 6, 1960, to January 5, 1962, that (I) free last saw the decrased alive on December 22.1961nd that death accurred at 84 M, from the causes and an the date stated above. 22o. SIGNATURE SIGNED ATTENDING PHYS. MED. STAFF PHYS. January 6,1962 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 400 N. Carrollton Ave. Balto. 23, Md. James M. Pair, M.D. 23c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

ADDRESS

Madison Ave., Balto., Md.

23d. LOCATION (City, town, ar county)

25a. REC'D BY REGISTRAR

Baltimore, Maryland

25b. REGISTRAR'S SIGNATURE

(Stote)

